THE INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

VOLUME XXIV 1943 PARTS 1 & 2

*** *The* JOURNAL *will for the time being be issued in two double numbers yearly.*

ORIGINAL PAPERS

'HOW CAN CIVILIZATION BE SAVED?'[1]

By ERNEST JONES, LONDON

I shall best be able to approach the problems we have before us to-day if you will allow me to do so by rather a personal route. I would describe myself as a humanist with a primary interest in science and belief in its value to mankind. By science I essentially mean clear thinking, a definition you might not all of you accept. Philosophers and logicians, for instance, might claim a monopoly of clear thinking. Laboratory scientists, on the other hand, might disclaim clear thinking as being the most characteristic part of their work and might assert that it is their principal business to ascertain facts and let the facts speak for themselves rather than thinking too much about them. Facts may, it is true, speak, but they do not always do so clearly and they very often mislead, or rather the minds on which they impinge often see to it that they receive a distorted impression.

I make these preliminary remarks to indicate my mode of approach to the topics under consideration. So definitely implanted in me is this mode of approach that I must confess had I known what the title of the present symposium was going to be, 'How can Civilization be saved?', I should have had no wish to participate in it. This is not said by way of any reproach to your secretary, but only to indicate my point of view. What he had told me was that you were going to have a discussion on international problems and that you would like to hear me say something about the psychological approach to them. Now the actual title seems to me most question-begging, so that it is not evident what is the problem under discussion. We are not told what civilization is to be saved from, and the great assumption is made, one which I do not myself share, that civilization is in danger of destruction. As I say, I am not myself aware of any grounds for this assumption. However, not being a fool, I can venture a guess at what is intended by the title. I imagine it must refer to one of two things. It may be the belief that a world war is likely and that this would destroy our civilization, to which I would answer that in my judgement our civilization would survive any war, however devastating and widespread, and further that, if such a war is imminent, there is little we common folk can do to prevent its occurrence. Or the title may refer to the belief that the increasing restriction of individual liberty and of the cultural values that go with this constitute a dangerous threat to the continuance of our civilization. This is, of course, a belief that many people do not share. In Germany, for instance, it is widely held that the increase in national freedom of action achieved through a totalitarian rule more than compensates for the disadvantages of any diminution in individual freedom. In Russia again, it is believed that a gain in economic freedom, so that everyone is free to choose the kind of work he likes and secure in the knowledge that he can obtain it where and when he wishes, offers a similar compensation.

Whatever is actually intended by the title of the symposium it must relate to some feeling of deep uneasiness about the state of the world and the safety of our social institutions—what we may call a serious dis-ease in the original meaning of the word. With this probably goes a state of mental tension, or rather apprehensiveness, and an urgent need for protective action, what is called a need to do something about it. If I now translate the word dis-ease into the current medical meaning it reminds me that besides being a psychologist I am also a physician. Very early in my medical career I learned to distinguish between good and bad physicians. The latter, I found, were those who are constantly preoccupied with the therapeutic aspects of a situation, who when confronted with a sick patient immediately ask themselves what they can do to relieve him. The good physicians, on the other hand, were those who, while no less desirous of helping the sufferer, are not so obsessed by the question, are able to restrain their impulse to help until they can first answer the question what is the matter with him. I observed that the prescriptions the latter class provided, though far less frequent, were of much better quality than those provided by the other class and I had no doubt myself in whose hands I would rather be as a patient. While the good physicians were more often willing to admit that there was nothing very important they could do, one was a good deal more sure that whatever they did was likely to be useful.

I cannot refrain now from applying this attitude to the international sphere. There also, I think, I can observe good physicians and bad physicians. There are those who are very ready in their

[1] Read at a Symposium held by the Federation of Progressive Societies, November 27, 1938.

promises that if such and such a course of action were taken all would be well with the world. Such people no doubt do much to ease the minds of those in distress, but it is open to question whether the confusion they produce by concentrating on one supposed solution does not create in other forms as much fresh dis-ease as that which they alleviate. The few good physicians that exist are able to restrain their need for salvation through a quickly found solution and are preoccupied rather with the wish to establish more permanent forms of security by ascertaining the inner meaning of the dis-ease and dangers in question. They are, in other words, diagnosticians rather than therapists. In mathematical language, they hold that certainty is a function of knowledge. Having the self-control with which they can stay their hand while they acquire this necessary knowledge, they are able to perceive that the factors concerned in social and international problems are far more complex and interrelated than is generally supposed.

I am trying to distinguish between two modes of approach, which I have called the diagnostic and therapeutic respectively, and I would ask you to allow me to exaggerate somewhat in order to make my point clear. One might say, for instance, that, broadly speaking, there are two sources of human power: that proceeding from emotion and that proceeding from knowledge. Religion and science would represent a corresponding contrast. The achievements of science, particularly in the physical world, are around us to see and I need not expatiate on their value or on their reliability. A man can send a message across the Atlantic or cross it himself with a degree of certainty that has enormously increased in the past century alone. Emotion, for its part, has also worked mighty and revolutionary changes. It has destroyed empires and it has forged bonds between the most diverse peoples. There is, however, one striking difference between the two sets of effects. In the case of those based on knowledge it is usually possible to predict and understand the effects, however extensive they may be. In the case of those based on emotion this is true to a far less extent. Its results are very much more variable. When Christianity was introduced into Rome, for example, it would have been utterly impossible to predict the extremely complicated results that followed. I think there is a definite reason for this difference. Knowledge, in its scientific sense, undergoes a very rigid testing by the facts of reality, so that its conclusions are more closely related to objective reality and are influenced to only a relatively small extent by personal and subjective factors. Emotion, on the other hand, proceeding from within, has as its main function the relief of acute mental tension and is commonly dictated to a great extent by subjective wish-phantasies. It is much less likely to proceed along rational lines. An extreme example, which will illustrate the point, is the extraordinarily ill-adapted conduct that so often follows on a state of panic, when people, in a wild belief that they can in that way save their lives, embark on the most violent and ill-considered acts that commonly defeat their own purpose. There are, of course, exceptions to this rule. If emotion is sufficiently defined and concentrated it will achieve its purpose quite adequately and will confine itself to the achieving of it. When, for instance, the sight of boy chimney-sweeps became intolerable to the people of London in the last century, they took effective steps to abolish the sight and there were very few remoter consequences of their action. Usually, however, social emotions arise from a more complex state of affairs and they then set in train a whole series of beliefs and wishes which may have a very imperfect relation to reality. We come here to the familiar field of the various political slogans and panaceas, to that of the social agitators who assure us that, if only their particular nostrum is swallowed, all sorts of desirable results will follow. Being very familiar with similar procedures in the field of medicine I am often reminded of quack remedies when I encounter promises of this kind. In both cases they are open to two sets of criticism. The evidence that they will achieve the specific effect promised is often defective or altogether lacking, and it commonly happens that the effects actually produced are such as have not been at all foreseen. The procedure, that is to say, has not been subjected beforehand to the rigid scrutiny which is demanded in scientific work. There are two reasons for this. The need to assuage the inner tension is so urgent that those concerned cannot afford to embark on the thought processes which scientific examination of the proposition necessitates. This is, of course, generally recognized. A more recondite reason, however, and one not at all generally known, is that the wishes and beliefs initiated by the need to relieve mental tension are of a very peculiar kind. The tension itself reanimates certain primordial processes in the unconscious mind, which are themselves quite divorced from reality, so that the wishes for action that finally emerge are in fact more or less rationalized expressions of very primitive impulses. It is not too much to say, in consequence, that for a slogan to move a multitude emotionally it must of necessity contain important irrational elements, i.e. elements which have only a remote relationship to external reality. An impassioned leader has, therefore, to be a little mad, and the harder his task, the madder he has to be.

In the field before us here the science concerned is that of sociology, but unhappily it is one that has made little more than a beginning. I would ascribe its slow progress to the unfortunate and unscientific prejudice so many sociologists enter-

tain against making a study of psychology. Although their material is obviously concerned mainly with human nature they are apt to hold the queer view that human nature is a totally different thing in mass from what it is in the individual and therefore to disdain the opportunities of acquiring a detailed and exact knowledge of it which only study of the individual can provide. Psychology itself, on the other hand, although it has advanced further than is generally known and has also made important contributions to our knowledge of mass sociological phenomena, suffers under the great disadvantage that a profound knowledge of it is confined to an extraordinarily small number of people and that there exist extremely serious difficulties in the way of communicating its results to others.

In so far as I am speaking as a true psychologist, i.e. a man of science, you will not, after what I have already said, expect from me anything in the nature of a nostrum or panacea, the application of which will quickly resolve the visible ills from which mankind is suffering. If you press me on the point, the nearest I can produce in this direction is the conclusion that what mankind chiefly lacks is an educated and wide-spread tradition of respect for knowledge, particularly, in the present context, psychological knowledge. A simple example here will illustrate what I mean. A great deal has been written of late concerning the importance of the psychological factors in the causation of war, and indeed, since war proceeds from a clash of human emotions and wills, the importance of such factors should be sufficiently obvious. Now mankind has, in spite of any temptations in the other direction, an intense aversion to the destructiveness of war, and the nations of the present day are devoting enormous energy to the aim of preventing it. Thousands of millions of pounds are spent annually on armaments which have the avowed intention of preventing war by making potential enemies afraid to attack. Vast sums of money, and a still greater amount of mental energy, are also being devoted to other forms of prevention by various kinds of propaganda. Yet, so far as I know, in the whole world, no one has thought of spending sixpence on making any study of the psychological causes of war. I am persuaded that the reasons for this glaring fact are not merely that people feel there is no time for such studies, the situation being so urgent, but much more that they are animated by intense, and largely irrational, beliefs in other forms of salvation than that of knowledge.

Although I would maintain that what I have up to now said is in the long run constructive, you will doubtless expect that I should have something more specific to say about the psychological study of the international problems with which we are here concerned. The field is a vast one and I can do no more than select two or three aspects of it on which to comment. I need hardly say that I do not intend to enter on any political discussion, so that my remarks will be equally applicable to different political sides and tendencies. In considering such problems a psycho-analyst would try to see how far he could apply certain basic knowledge he has about the foundations of the human mind and I shall have to spend a moment or two in expounding these before taking up the question of their application. The driving force of the human mind the psycho-analyst terms, *tout court*, wishes. They are the beginning of everything. He knows, however, that many of the most primordial human wishes, when they are set in action, engender anxiety or fear, and this for purely internal reasons which I do not propose to expound here. Now man is peculiarly intolerant of anxiety and has devised a great variety of interesting defences against it. These three things, wishes, anxieties and defences, go far to explain in an infinite variety what we call human character and human conduct. They are the three things that a psycho-analyst would try to ascertain about any individual or any nation with the investigation of whom he was concerned. They represent the basis of our knowledge from which we start before proceeding to the bewildering variety of effects that emanate from it.

One more point in this connection. For reasons that I cannot explain here the internal anxiety in question is very apt to become transformed into a feeling of guiltiness or unworthiness, and the unconscious mind is able to apprehend this feeling only in a concrete form. We have to translate this curious state of affairs into conscious language by saying that, when anxiety is engendered, the unconscious mind imagines that it, or rather the body of the person concerned, has inside it an evil and dangerous object, one which in its turn is visualized—on cannibalistic lines—as a part or the whole of a foreign human body. I am sure that at this point I am already leaving your comprehension and so will repeat in simpler language the point I am making. It is merely that fear and bad conscience are two closely related manifestations. They have indeed a reciprocal relationship. It is not only that, as Hamlet said, 'Conscience does make cowards of us all', but further that fear does in itself give rise to a bad conscience. The latter point, though less familiar, can nevertheless be illustrated from common knowledge. You will remember that the Jews of the Old Testament, whenever they were terrified by a fresh misfortune, immediately searched their hearts and had recourse to sackcloth and ashes.

There are very many defence mechanisms, as we call them, which serve the function of protecting against the deep anxiety and guilt. I will mention two of them at this point because of their special importance. One is termed introjection, in which something which is believed to be good and strong is absorbed from the outer world, that is from

another human being, and incorporated within. There it is meant to counteract the power of the evil object equated with the anxiety and guilt, to neutralize it or dissolve it into nothingness. This process, which at its simplest level is conceived of in cannibalistic terms, plays a great part socially in the constant search for a good and trustworthy leader or prophet or even for abstract ideas to which one can pin one's faith. The opposite mechanism to this is termed projection, whereby an effort is made to get rid of the internal evil object by expelling it, projecting it on to another human being and ascribing to the latter the qualities of evil and danger in question. The most vivid and painful example we have of this at present is Germany's desperate efforts to get rid of the bad in her system which she ascribes to the section of her population called Jews. Why she should at present feel so afflicted with a sense of internal badness, and how it comes that she can so successfully project it on to her Jewish population, are interesting and important problems in themselves about which I may be able to say something later.

A sinister feature of both these mechanisms is their tendency to be expressed in absolute terms. The persons and ideas with which they deal have to be *wholly* good or *wholly* bad, a feature which at once removes them from the field of reality. In the case of introjection this feature is a great hindrance to attainable improvements and progress ; in fact, it is in large part what is behind the prevailing disbelief in progress. The French proverb ' *le mieux est l'ennemi du bien* ' would make better psychology if it were reversed into : the good, that is the absolutely good, is the enemy of the better. The absolute conceptions connected with projection are similarly defiant to rational estimates. It is hopeless to discuss with a full-blooded Nazi the extremely variable qualities possessed by the different members of their Jewish population because by definition they are all to him wholly and completely and unalterably bad. Without this presupposition the mechanism which he feels to be so necessary to German salvation would be ineffective.

Let us now try to apply these basic considerations to some of the more striking political phenomena of the present day. I will begin by considering what lies behind the word propaganda. In medico-psychological circles of forty or fifty years ago, the conception of suggestion played a tremendous part. The word suggestion became so all-explaining that scepticism was finally aroused by this very quality. Ideas that explain everything usually explain very little. Psycho-analysts were for years accustomed to having their therapeutic results ascribed to ' suggestion ' and to have all their observations and conclusions put in doubt by the dictum that they were probably all due to ' suggestion '. In our daily work, on the contrary, we were rather impressed by the relative weakness of what is called the suggestive process, into the definition of which I do not wish to go here. We gradually lost our initial respect for it by finding that, if a suggestion made to a patient did not fulfil certain conditions, that is did not correspond with certain motive forces already at work in him, the effect of it was extremely transitory and easy to estimate. When, on the other hand, it produced a striking effect, this was brought about essentially by the forces at work within the patient and only to a small extent by the existence of the uttered suggestion. Generalizing from this we became rather sceptical about the sociologists' outcry concerning the power of the Press and felt that it was greatly exaggerated. Recent events in Russia and Germany, however, have made me for one question the former psycho-analytical attitude. The devastating way in which all common sense can be dissipated and replaced by fantastically unreal beliefs has been extremely impressive. Nevertheless, so far as I have been able to make a closer examination of the problem, I have found no good grounds for altering my earlier views and I am inclined to think that the only reason why such tremendous effects have been possible by the use of the Press, the wireless and other means of propaganda, is that they were well aimed at a body of highly charged emotion which was already present in a latent form in the victims. What that propaganda has done has mainly been to provide a welcome sanction for emotional wishes already simmering below the surface. Let us consider a concrete example of this. Millions of respectable Germans, who were previously ordinary citizens of their country and of the world, have been induced to believe that they are members of a chosen race, which by its unique gifts was designed by fate to dominate all others, but that unfortunately they were surrounded by an envious and hostile world who hated them to the core and who not only would take but had already taken every opportunity possible to ill-treat and subject them. I am not, of course, maintaining that the whole of these two beliefs are purely delusional and have no relation whatever to reality. All I am concerned to point out is that the absoluteness of the terms in which they are cast would arouse a psychiatrist's suspicions and that, if he were a good psychiatrist, he would wish to enquire further into the previous state of mind that made the emergence of these beliefs possible. He would, I think, be guided to a central sore point in the German complaints of being unloved, namely, the angry warmth with which they repudiate the so-called war-guilt lie of the Treaty of Versailles. I do not propose to embark on the complex historical study of the causes of the last war, but it seems to me likely that anxieties aroused among Germans by the immediate post-war years—I refer to the hunger, currency inflation, political uncertainty and so on—found considerable food

for reactions to guilt in the memories of the blustering and aggressive behaviour of German rulers during the twenty years preceding the war.

This phenomenon of wholesale methods of suggestion naturally leads one to what has perhaps always been the central problem of mass psychology, namely the inner meaning of the relationship between the leaders and the led. Those specially interested in this subject may be referred to Freud's *Group Psychology and the Analysis of the Ego* in which he makes some very important contributions to our knowledge of it. One of the points he makes is that it is impossible for stability to be brought about in a group unless something common to the ego ideals of all members of the group can be incorporated in a suitable leader. This leader then represents the qualities that the various individuals have been striving after, and so he will be looked up to and admired. Since Freud's book was published more knowledge has been gained about the relationships of this ego ideal which throws an even more important light on the function of the leader in this respect. The ego ideal, that is the group of conceptions of which the ego most highly approves and towards the realization of which it strives, is only one aspect of an important institution in the mind which nowadays is called the super-ego. The super-ego is charged not only with the maintenance of high ideals and standards, but also with the duty of punishing and crushing anything that offends against them. Moreover, it is only on the conscious level that it exercises these functions, which are akin to what we are familiar with in our judiciary. In deeper layers of the mind its standards, far from being idealistic, are based essentially on whatever it believes will protect against anxiety, standards which are often extremely irrational as judged by our conscious knowledge. Its checking and punishing activities, furthermore, are in these deeper levels often carried out with an attitude of insensate brutality, of which the self-inflicted sufferings of our neurotics are only one manifestation.

The upshot of these considerations is that there is a close connection between leading or governing and cruelty. It would be more accurate to say that the connections lie so close to each other in the unconscious mind that there is always a risk of apparently paternal benevolence in a ruler deteriorating, either temporarily or permanently, into inhumanity and ruthlessness. One could cite any number of liberal rulers whom this fate has befallen; the Czar Alexander I of Russia is one of the first examples that occurs to one's mind. Were it not for this unfortunate propensity more people would hail government by a benevolent autocracy than in fact do. Experience has shown that only very exceptional men can be trusted to continue in their benevolence when given supreme power. Various political means have, therefore, been devised to exercise check on the possession of supreme power. These checks are not always so potent as is popularly believed and it is likely that a democracy exercises less influence on those in the key positions of State than is sometimes thought. This is most evident, and perhaps necessarily so, in times of emergency. We experienced a striking example of it during the recent war crisis. When it came to the point of crucial action it was found that the decision depended on the will of one man alone who, for all we know, may not have communicated his inmost thoughts and intentions even to his own Cabinet, let alone to the Democracy he was representing. Politically speaking, this introduces an unknown element and an uncertainty into our social life which is very disconcerting. We have found various rough and ready means for selecting our leaders by appraising their political capacity in the narrow sense of the word, and we apply to them certain minimum standards of intelligence and respectability. It has occurred to hardly anyone, however, to demand more than this, to ask for any reassurance that the inner psychological stability of, for instance, our Prime Minister, or Foreign Secretary, should be one of a satisfactory order. I could easily give you examples of the way in which unresolved personal conflicts in the individual's unconscious may cause his judgement and conduct to deviate alarmingly from the rational in times of crisis, and I am persuaded that in a sane society a leader would be required to pass certain elementary psycho-analytic tests, if not to have been properly analysed himself.

From the descriptions I have just given of the rôle of the leader it follows that he has to represent various more or less abstract ideas, to stand for a particular policy or cause. Sometimes, when these ideas are sufficiently definite and coherently grouped, the personality of the actual leader becomes of less importance. We may in this respect contrast the wave of nationalism that has passed over Europe in the last hundred years with the earlier forms of nationalistic uprisings where the personality of the leader was all important. We cannot fail, for instance, to associate the resurgence of Scottish nationalism with the names of William Wallace and Robert Bruce, but personally I cannot at the moment recollect who it was that made Belgium into a nation a hundred years ago. I am venturing on sociological ground here, but it is hard not to connect the recent wave of nationalism, to which most of you would, I am sure, ascribe many of our present woes, with the manifest decline in religious beliefs that has taken place in the same period. The fate of the Roman Catholic Church of late, for instance, has been most striking. With the exception of the Irish Free State and certain parts of America it may be said to have lost most of the political influence and power it had a hundred or even fifty years ago. It is being reduced to the status of an Italian National Church and, even there, only this week we have been

astounded to observe how an appeal, written by the Pope himself to Mussolini imploring him to stay his hand and not violate the Catholic doctrine on the important subject of marriage, was not only ignored in action, but actually not even answered. It would be tempting to speculate on the reason for this remarkable state of affairs and I can make the following psychological comment on it. The history of both the individual and of mankind at large shows a curious oscillation between, on the one hand, a revolt against external authority and the desire to establish personal freedom of conscience and responsibility and, on the other hand, a shrinking from responsibility and a desire for someone else to take over the burden of one's conscience and to issue dictates accordingly which the individual then gladly obeys. The wave of emancipation to which we give the names of Renaissance and Reformation was followed by a couple of centuries—until the French Revolution —of increased conservatism and even servitude. The second wave of emancipation associated with scientific progress and the industrial era has now been followed by a vehement clamour for authority which has proved highly perturbing to those brought up in the liberal traditions of the last century. Whatever may have been the sociological causes of these emancipatory movements, it is fairly evident that they overshot the mark and imposed on the people a strain of individual responsibility greater than they could bear.

Whenever this happens, and the people clamour for an authoritative government to guide and support them, the inner weakness and flinching from responsibility which this betokens set into action certain primitive mental mechanisms of which I will mention one here. It is the belief in omnipotence, akin to the belief in the absolute of which I spoke earlier in another connection. The people then demand that the authoritative rulers they have clamoured for should possess this quality. The belief in human omnipotence is an extremely troublesome thing, both individually and socially. It arises, as I just hinted, in a very primitive region of the mind, at the earliest infantile level, one we call the psychotic region because of its resemblance to the manifestations of the insane. It is the part of the mind that is most obviously divorced from reality. Even in our own so-called democratic country we are familiar with the constant cry 'Why doesn't the Government do something about it?', and a great deal of social discontent and resentment is the result of disappointment at finding this infantile belief unfulfilled. At times people cling to the belief in the face of all evidence to the contrary by means of imputing evil designs to their rulers—the train of thought being: 'we know they are omnipotent and so if they do not do this desired thing it can only be because they are wicked'. It was a similar train of thought that led to the invention of the devil and, incidentally, it could have been predicted that once the belief in the devil waned that in God must also in time weaken because of the difficulty of making him carry the weight of both good and evil. In more dictatorial countries than ours the demand for omnipotence in rulers is so strong that the latter have to make constant efforts to meet it. This is the psychological reason why the position of dictators is so notoriously delicate and why they are so sensitive to any loss in prestige that the temptation to retrieve it by a violent *coup* may be overwhelming. It is extremely difficult for a dictator to act this part for long without being captured by the belief itself and thus becoming megalomaniac. Even Napoleon lost at the end his usually close touch with reality. We often see great dictators express this attitude by mystical beliefs in their destiny or mission, divine or otherwise; they are apt to be religiously God-inspired or to usurp the station of God himself. Cynical criticism makes them out to transcend even this, as in the story of the angelic messenger anxiously searching for a first-class psychiatrist to treat an illness that had befallen the Almighty who, the messenger said, was suffering from megalomania and believed that he was Hitler.

I spoke earlier of the connection between the belief in omnipotence and the mechanism of projection. Now this mechanism has in the infantile psychotic layer of the mind a close connection with a tendency which in psychiatry we term paranoid. A prominent manifestation of it is what are known as delusions of persecution, the belief that the whole world is against one and is plotting to compass one's ruin. We have seen of late tragic examples of this in Germany, and particularly in Russia. I have not heard, however, of any Foreign Office consulting psychiatric experts on the safest ways of coping with this dangerous complaint.

I will finish what I have to say with some words on a cognate subject, on an attitude of mind which emanates from the same early layer of mental development. When faced with a frustration or thwarting the wise man measures the strength of his thwarted desire with the strength of the opposition to it, and then takes the most appropriate steps, which may be of the most varied kind, for overcoming the opposition. When he knows that the frustration is not to be overcome he 'tholes' it, to use a good Scottish word. This mode of response, however, is the product of a complex mental development. It is not at all a primitive and, so to speak, natural reaction. The latter is seen rather in the convulsive fits of the thwarted infant, in the tantrums of nursery years, in the loss of temper which is gradually educated out of the schoolboy and in the attacks of furor which occasionally seize even adults. The important point about the primitive reaction is that it is an indication of weakness or even helplessness rather than of strength. Now side by side with this

instinctive response goes a mental attitude which, in later stages, we may term a belief. It is the belief that force is the strong man's response to frustration, one of the most fateful beliefs entertained by mankind. I am not, of course, saying that a strong man would never use force, but I do say, as a psychologist, that the tendency to resort to force, and especially violence, as the *first* response instead of the last, is a sign of inner weakness, of lack of self-confidence, and not at all of strength. Violence, i.e. uncontrolled force, may undoubtedly produce consequences, but they are seldom either effective or lasting ones; Talleyrand once justly said: 'You can do anything with bayonets except sit on them.' I will leave it to the discussion to bring out the implications of this in current affairs.

THE CONCEPT OF DISSOCIATION

By EDWARD GLOVER, London

It would be a mistake to infer from the title of this symposium[1] that the subject is one of purely theoretical interest. Actually the issues bear closely on the development of 'clinical' psycho-analysis. To give but one instance: progress in the application of psycho-analytic findings to the diagnosis and prognosis of mental disorder has been increasingly hampered by the adoption of clinical criteria borrowed from more conventional (psychiatric) fields. Quite apart from the fact that standard psychiatric classifications of neuroses and psychoses are too schematic and at the same time too rigid to meet the requirements of the clinical psycho-analyst, it is obvious that they cannot be applied to the multitude of characterological and psycho-sexual disorders that constitute a large proportion of the analyst's practice. Indeed the attempt to combine psychiatric diagnosis with psycho-analytical standards is responsible for a considerable variation in the criteria used by analysts in their consulting work. Although there is general agreement on the differentiation of neuroses and psychoses and comparative unanimity about their prognosis, considerable confusion exists as to the diagnostic and prognostic significance of pathological character changes, inhibitions, perversions and social difficulties. Sometimes analysts fail to discriminate between manifest psychotic reactions and psychotic mechanisms or even episodes the existence of which is inferred on purely analytical (interpretative) grounds. This lack of discrimination may be due in part to inadequate psychiatric experience, but it is certainly increased by the fact that a knowledge of unconscious psychogenetic factors tends to disturb the analyst's appraisal of manifest symptoms. This is reflected in a lack of uniformity in therapeutic recommendations, and in the long run gives rise to misapprehensions as to the therapeutic effect of psycho-analysis. Thus the failure to discriminate between evidence of excessive (unconscious) projection and a paranoid character or a state of mild paranoia will sooner or later end in the discomfiture of the analytical therapeutist, if indeed it does not damage his reputation for sound clinical judgement. Many of these difficulties would disappear if we faced the fact that psycho-analytical practice calls for purely psycho-analytical criteria, and set about the task not only of re-classifying mental disorders but of establishing analytical criteria whereby they can be suitably appraised. It is my view that recognition of the signs of ego strength or weakness will prove to be one of the first steps in this direction. We must, however, be able to establish not merely theoretical but clinical distinctions between strength of the ego and ego weakness.

This problem is of course as old as psycho-analytical characterology. Although it has sometimes been held that under the spur of unconscious anxiety or guilt some neurotic individuals may have a more effective working drive than many normal persons, it has always been agreed that psycho-neuroses and psychoses constitute weaknesses of the ego. On the other hand, psycho-analytical opinion has always been divided as to the strength or weakness of character-formations. This applies to normal as well as to abnormal character-formations. For although it may be assumed that a normal character is on balance a sign of ego strength there is no certainty as to which particular features of a normal character we are to regard as strong and which as weak. And when in the long run even normal character came to be regarded as a sort of honeycomb of minor (some would nowadays go so far as to say major) peculiarities, it became obvious that conventional analytical views of ego strength were seriously threatened. Nevertheless it is useful to look back on earlier researches on psycho-analytical characterology and assess the value of these contributions to our present subject.

The first of these advances was made by examining the influence of repressed sexual impulses on adult character. Study of so-called 'libidinal character'—e.g. oral, anal and genital character—showed that libidinal components contribute to

[1] This is the original draft of a contribution to a symposium on 'Ego Strength and Ego Weakness' held during the Fifteenth International Psycho-Analytical Congress, Paris, 1938. Owing to considerations of time, it was then given in an abridged form.

the strength of the normal ego in two ways : first, by providing more or less permanent ego-syntonic substitute gratifications (sublimations) of infantile impulses, and, second, by setting up useful reaction-formations against ego-dystonic gratifications. On the other hand, it was made perfectly clear that both positive substitutions and reaction-formations could be exaggerated or inhibited or distorted. They could obstruct adult energies and activities and at the same time give disguised discharge to ego-dystonic infantile energies. Although not regarded as symptom-formations in the strict psycho-analytical sense of the term such disorders of character were held to function as substitutes for symptoms and in any case proved to be of considerable value in diagnosis and prognosis. The second step followed inevitably. Abnormal character-formations began to be named after the clinical states with which they had closest affinity —e.g. hysterical, obsessional, cyclo-thymic or paranoid characters. This classification into neurotic and psychotic character groups was based exclusively on concepts of ego weakness. The weakness might lie in gross accentuation or gross inhibition of certain mental *mechanisms*, or it might lie in the scatter of *minor* (neurotic or psychotic) *symptom-formations* throughout the ego. This classification really begs the question of ego strength and is vitiated by the fact that what is in one case a source of strength may be a source of weakness in another. The drawback is most obvious in the case of the so-called compulsive or obsessional character. Here a prominent psychic disposition or mechanism is singled out and its relation established to current ego function, to sexual and social life and to possible neurotic and psychotic symptoms. Examined by these criteria few normal characters would stand up to inspection. True obsessional characters apart, the compulsive character is a clinical jumble in which the concepts of weakness and strength are so confused as to be valueless.

Inconclusive as these early researches were, it must be conceded that the approach was sound. Libido-characterology singles out the factor of *instinct ;* classifications based on clinical resemblances to symptoms pay attention to *structure* and *mechanisms*. The approach was on the right lines but it was not comprehensive enough. It is curious to reflect that although metapsychology is the main contribution of psycho-analysis to psychology, psycho-analysts themselves frequently neglect to apply the threefold criteria of metapsychology in the clinical field. No mental event can be described in terms of instinct alone, of ego-structure alone, or of functional mechanism alone. Even together these three angles of approach are insufficient. Each event should be estimated also in terms of its *developmental* or regressional significance, and in the last resort should be assessed in relation to environmental factors past and present. The last of these criteria, namely *the relation of the total ego to its environment*, is the most promising of all. It suggests that the most practical (clinical) criterion of weakness or strength should be in terms of *adaptation*. Even so it would be difficult to work out different degrees of weakness or strength without taking into consideration those instinctual, structural and functional factors that either promote or hinder adaptation. For example : using the criterion of adaptation, the old controversy as to whether some neurotic compulsions may or may not contribute to the effective drive of the individual becomes irrelevant. The question becomes one of the *balance of adaptation*. Similarly the significance of emotional discharges of the type of grief or mourning is essentially a problem of discharge and adaptation value.

From these introductory considerations it will be clear that a satisfactory examination of the concepts of ego strength or weakness must involve a systematic approach in terms of the factors indicated above.

(*A*) *Dynamic criteria*. It is convenient to consider criteria of weakness and strength in the first place in terms of *instincts* and of the *affects* which constitute their most important representatives. Here the most obvious standard is that of *mastery of instinct*. By this of course is not meant conscious control, but unconscious mastery of such primitive instincts as disturb development. Now development is disturbed when such primitive instincts prevent either internal adaptation or adaptation to external reality, that is to say, interfere with freedom of mental function, or with freedom of relation to the external objects of ego-syntonic instincts. In this ideal sense, mastery of instinct is obviously a source of strength. Yet mastery of primitive instinct may result in the building up of over-rigid defences and so lead to over-inhibition of adult instinct, and to interference with adaptation. In such cases it is a source of weakness. This is far from being a purely theoretical consideration. Repression of instinct can paralyse memory, the anti-cathexis of reaction-formation can become an obsessional compulsion, introversion of instinct can end in depressive inhibition, projection of instinct derivatives can produce the over-activities of paranoia, mania or delinquency. Clinically regarded, the criterion of instinct mastery is not very helpful, and is constantly vitiated by powerful and incalculable factors such as the quantity of masochistic impulse present in the psyche. A good deal of apparent mastery is due to masochistic renunciation.

As with the mastery of instinct, so there can be no doubt that the *mastery of affect* is in some respects a sign of strength. Again not control of the expression of consciously experienced affect, but unconscious control of primitive affects. Owing to lack of knowledge we cannot subdivide

these affects with any accuracy. Many primitive affects are already compounded and fused before they are experienced as depressions, elations, envies, jealousies, etc., and the simplest anger affect is not so simple as it feels. Yet we can safely distinguish those affects that are *expressions* (psychic representatives) of different stages of instinct-tension from affects, such as anxiety, guilt, etc., that are *reactions* to different stages of instinct-tension. It seems to be agreed that mastery of certain reaction-affects, e.g. of unrealistic anxiety and of unconscious guilt, is one of the most profound sources of strength in adaptation. Yet here again the statement requires qualification. The apparently guilt-free states observed in delinquency and in some sexual perversions are extremely misleading. Again, the mastery of some affective responses by anti-cathexis, for example, the mastery of hate by reinforcement of infantile love, can if excessive cripple the personality. Over-inhibition, for whatever reason, of infantile love affects, can cripple adult sexual adaptation. So mastery of affect can prove a source of weakness. On the other hand, it is not possible to trust to an apparent *affective balance*. In the obsessional type of character we find a balance of affect which so long as it is not too pronounced suggests a healthy equanimity. This equanimity may be misleading; it may be a sign only of emotional impoverishment.

The only provisional conclusions we can arrive at about instinct-criteria are, first, that psychic strength depends on a (non-obsessional) affective balance, together with an elastic response (adaptation) to the demands of instinct—in other words freedom of relation to objects—and second, that the soundest affective criterion of strength is an optimum freedom from anxiety and guilt. One ought perhaps to include also depressive affects, although this is by no means a purely reactive affect. If these conditions are fulfilled, the ego will prove strong, however peculiar it may look. I mention this last point because, where there is considerable freedom from guilt and anxiety in any situation in which guilt and anxiety reactions are customary, the behaviour of the individual may appear so unconventional as to suggest abnormality.

(*B*) *Economic criteria.* The second line of approach is through study of unconscious mental mechanisms. Every mechanism has no doubt an optimum function, excess or deficiency of which gives rise, in theory at any rate, to some degree of weakness. But clinically this view is subject to considerable correction: in many instances excess of function gives a misleading appearance of strength. Perhaps the best example of this false strength is to be observed in the reaction-formations of obsessional cases, where an appearance of stability is found on examination to be mere rigidity accompanying a paralysis of affective drive. Similarly the paranoid character with its active aggressive façade proves to be a projective defence against inner weakness and anxiety. On the other hand, study of masochistic characters and of certain depressive types shows that an appearance of weakness can also be misleading. Many of these types are in fact extremely egocentric, obstinate and aggrandizing, stopping at nothing to gain their own ends, so that overemphasis of introjection mechanisms is not a sure criterion of weakness. And it is notorious that the activity of the hysterical type is episodic and unstable to a degree, depending as it does on periodic defences against a phobic reaction to external relations.

On the other hand, even making due allowances for spurious strength and weakness, it is by no means easy to say which mechanisms contribute most to actual strength or weakness. Analysts with a bias in favour of introjection defences are usually extremely suspicious of projection characteristics and regard them as weaknesses. This is quite unjustifiable. Projection is an instrument of adaptation without which man would lose almost a third of his capacity for *rapport*. The mistake here is to regard mechanisms as pathogenic in themselves. The *reductio ad absurdum* of this view can be observed in the suggestion that has gained currency in some quarters, viz. that much so-called normal conduct and activity is a defence against an underlying (kernel) depressive position. I doubt if this is even theoretically true: it is certainly unsound clinically. Normality may be a compound of every variety of mechanism, and its variations may be due to emphasis on particular combinations, but each variety has as much right to assessment as a state-in-itself as depression, mania or paranoia have to be regarded as clinical entities. In any case there is a serious and inevitable flaw in all such discussions. It is due to the difficulty in assessing the *rôle of repression*. Being an unobtrusive mechanism, repression exerts an incalculable influence. All we know is that it is important (advantageous) for the anti-cathexes of repression to have some discharge value. Following this idea we arrive at the familiar conclusion that next to repression the sublimatory varieties of *displacement* contribute more than any other mechanism to ego strength. Within reasonable limits, the wider the range of displacements and the more diversified they are, the stronger the ego. Exceptions to this rule are where the displacements are so scattered as to be trivial and ineffective or where they are so highly charged as to deplete the ego. Naturally elasticity in displacement is called for where changes in environment are frequent. A passionate attachment to a hobby is often an effective displacement, but the psychic situation is not without risk. In short I do not believe it is possible to lay down standards of ego strength and weakness in terms

of unconscious mental mechanisms. We can infer from certain pathological states (which are in theory signs of weakness) that certain mechanisms are overworked or understressed, but that in itself proves nothing about the mechanism, which may after all be overworked or understressed as a means of spontaneous cure for underlying conflict.

(*C*) *Structural criteria.* This brings us to the third and apparently most promising factor in assessment, viz. the structure of the ego. Actually, the title of this symposium is misleading: it should have been called '*Psychic* Strength and *Psychic* Weakness'. The ego is after all only a part or aspect of the total Psyche, and, as we have seen, the problem of strength or weakness cannot be divorced from dynamic concepts of instinctual and affective energy. Yet it is difficult to *measure* the strength of drives unless we observe their effect on the structure of mind both in its internal and in its external aspects. The strength of existing pathogenic drives is inferred from the presence of (autoplastic) symptoms or of (alloplastic) character peculiarities. If study of the ego cannot provide us with criteria of strength or weakness, the search for such criteria is well-nigh hopeless.

It is not my intention to repeat here the well-worn views on this subject arising out of a primary division of the psyche into ego, super-ego and id. It is obvious that if we take the id as in the main an instinctual and constitutional factor, we can speak of *fixation* as primarily an id phenomenon, and add that herein lies one of the handicaps of the ego. We can also say that a rigid super-ego structure jutting into the pcs. system of the mind is a source of weakness, e.g. that over-conscientiousness or hypercriticism is a sign of weakness. Indeed we might go further and say that weakness or strength never lies in the ego and that the ego reacts to life either freely or with difficulty to the extent that it is not encroached on by id or super-ego. But I do not feel that such generalizations, however valid and interesting they may be, are of much clinical value. For many years now I have suggested that the idea of a simple conflict between super-ego and ego, or between ego and id, loses clinical significance the farther back we trace these institutions. And I have also maintained that so far as the first two years of life are concerned, the old *serial* views of development by phases and their more recent modifications, viz. concepts of *serial positions* and defences against serial positions, are no longer either theoretically plausible or clinically sound.

Rather briefly condensed, my views on early psychic structure are as follows. From the earliest weeks of life the primitive psyche (I use this term to avoid the confusion arising from the phrase Primitive Total Ego) experiences a variety of primitive urges. As a consequence of partial or sometimes total frustration of these urges, it is forced to exploit a number of psychic reactions and tendencies which are sooner or later perfected as unconscious mechanisms. As, however, many of the instincts with which the primitive psyche has to deal are component instincts (no doubt various combinations of components also exist) arising from different body zones and organ centres each one of which has an optimum importance and, despite the theory of primacy of certain instincts, a specific intensity, it follows, in my opinion, that primitive ego-structure is best described as *multi-nuclear* or multi-locular. The instincts are of course both appetitive (libidinal [2]) and reactive (instincts of mastery or aggression or flight [2]). In the most general terms, these psychic nuclei represent a precipitate of the reactions between the primitive psyche and the objects of its instincts, wherever these objects may lie and irrespective of whether the actual object is recognized as such: for it seems likely that the aims of the instinct are appreciated before exact ego-object boundaries are realized. Precipitates of experience are represented in memory traces which are organized in Ψ-systems as described by Freud. It is from these systems of memory traces built up from summations of different instinctual experiences and reactions, that ego nuclei are formed. Each nucleus is concerned with both appetitive and reactive responses to whichever instinct is concerned, and is soon expanded when with the help of primitive mechanisms experiences of anxiety are reduced or avoided. For convenience in description we may regard them as miniature egos. How soon these nuclei show signs of differentiation it is impossible to say, but it is safe to assume that, when the instincts they represent are gradually mastered, displaced or abandoned, a rudimentary division occurs. According to this view, these ego differentiations, which have generally been described as forerunners of the super-ego, are not at first organized divisions of the total ego but appear in each ego nucleus, and merge only when the ego itself is synthesized. As has been admitted, no exact period can be stated at which this differentiation takes place since there is no direct evidence during the earliest months of life from which definite conclusions can be drawn. In any case these rudimentary formations in the psyche must be clearly distinguished from more complex and highly organized mental institutions: for example, the super-ego which we have been accustomed to regard as a differentiation of the Total Ego occurring when infantile instinct has reached its final development. Ego-nuclei can best be described in terms of their dynamic function. Theoretically an ego-nucleus can be defined as a psychic organization which (*a*) represents a positive relation to the objects of any important instinct, (*b*) secures the discharge of reactive tension consequent on

[2] Including of course in both cases the components previously isolated as 'self-preservative' drives or reactions.

frustration by objects of that instinct, (*c*) promotes the relation to reality through gratifying impulses of self-preservation, and (*d*) in one or other of these ways reduces anxiety within the psyche. Rudimentary differentiations within the nucleus can be presumed when, in the case of any given instinct, primitive forms of introjection are sufficiently advanced to absorb energy that would otherwise strive for gratification on external objects. The function of these differentiations is similar to that of later fully synthesized differentiations, viz. to reduce the quantity of instinct excitation by distributing it. But this is unlikely to occur until earlier modes of dealing with frustration (e.g. the hallucinatory tendencies of the psychic apparatus) have shipwrecked on the reality principle. Then no doubt they play a part in reinforcing introjections. We must also presume that the earliest phantasies derived from any given instinct are cathected in the appropriate nucleus.

The point I wish to stress at present is that although these nuclei have a good deal in common, *they have in the earliest phases a partial autonomy.* They share a common relation to reality (in effect to the real objects of their instincts) which is due at first to the strength of self-preservative drives, and such libidinal and mastery drives are capable of satisfaction and have similar objects. Their autonomy is due in the first place to the fact that not all self-preservative drives have the same object, in the second to gross differences between various libidinal and aggressive drives, particularly as regards their somatic source, and in the third to factors of frustration and fixation which set up regressive activities within the nucleus, thus preventing it from merging with others.[3] *According to the strength of its instinctual endowment, to the severity of frustration, the degree of fixation, and the richness of its phantasy products, a nucleus can attempt, as it were, to seize the psychic apparatus and occupy the approaches to perceptual-consciousness* (*Pcpt.-cs.*). Clinically such attempts are easiest to observe in the comparatively sudden regressions that occur in alcoholism and drug addiction. Owing to the suddenness of the regression, the ego is less able to disguise or distort it. Particularly in melancholic types of drug addiction can we observe that the personality becomes for the time being an oral ego: sexual regression impoverishes genital libido and oral types of satisfaction take its place; masturbation gives place to oral manipulations in which a violent element of face-scratching can frequently be observed. The emotional tone varies between a loquacious euphoria and a maudlin reaction to imagined hurts. But I shall not attempt to give here the numerous clinical and analytic observations on which I have based this view of the early ego; they are derived mainly from study of transitional types of psychosis in which the relations of schizophrenia, paranoia, mania and depression can be observed.

However fragmented the early ego, there is from the first a synthetic function of the psyche, which operates with gradually increasing strength. As development proceeds, the nuclei merge more or less (it is always a case of more or less with ego-synthesis) and a coherent and complicated ego structure appears. From study of the nature of the object in early homosexual perversions I am inclined to put the first signs of effective synthesis about the period of Abraham's second anal-sadistic phase. Similarly the constituent parts of each nucleus (the rudimentary divisions I have described) tend to merge and organize, and prepare the way for those more massive institutions which are set up during the final Œdipus conflict and which, I assert, we are too ready to regard as massive from the first. But, given conditions of emotional stress, causing acute or chronic regression, the ego tends to split again, and to permit a pathological amount of expression to those nuclei which for reasons of early conflict and fixation are ready to occupy the approaches to consciousness. In short, I maintain that this nuclear theory of the ego has considerable advantages over both the earlier conception of serial phases and over more recent concepts of serial positions and defences.[4] To my mind it is much more elastic, and gives a more adequate ætiological basis for the complex inter-relations of the basic psychoses. It also brings us nearer to the possibility of a combined theoretical and clinical definition such as we are seeking in this symposium. Put in the most

[3] The concept of nuclear *autonomy* has to be distinguished clearly from concepts such as *auto-erotism* where instincts or their components are gratified without the interposition of an external object. It goes without saying that in primitive stages of development when auto-erotic activities help to maintain the balance of instinct gratification, these activities will also contribute to the formation of ego-nuclei. This is most obvious in the case of oral impulses where auto-erotic activities have the same zonal centre as object impulses. But the main contribution of auto-erotism to nuclear formations is probably more economic than structural: it adds to the libidinal cathexis of the nucleus, and so promotes fixation and subsequent regression. Structural differentiation arises more readily from variations in the conditions of frustration of object impulses.

[4] The term 'ego-nucleus' is a logical extension to the structural aspects of the normal mind of the concept of an unconscious 'complex' which proved convenient in the description of pathological function. The essential difference is of course that a nucleus has preconscious as well as dynamically unconscious aspects. The more organized the preconscious aspects, the greater the likelihood that under conditions of stress the system Pcpt.-cs. will be encroached on by the nucleus. Using this term, it is possible to give a more satisfying description of certain clinical manifestations, e.g. those conditions of obsessional organization where, according to earlier descriptions, the ego was compressed and/or impoverished by the expanding symptom. This can be understood better by estimating the degree to which the obsessional formation proliferates in the Pcs. and occupies the approaches to consciousness.

general terms, *the original state of nucleation of the ego is fateful for its later strength or weakness.*

But the term *nucleation* is obviously not a satisfactory clinical term. And in thinking over this problem I came to the conclusion that the time is ripe for analysts to take over the term *dissociation*, provided always they give it a more precise meaning, one more in keeping with psycho-analytical concepts, than it has hitherto enjoyed. I am well aware that the history of the term dissociation is a chequered one, starting with Janet's use of the atomistic association-theory by which dissociation is a falling away of groups of atoms from the aggregate of consciousness, and ending in such recent attempts as that of McDougall to establish the relation between dissociation and repression. McDougall wishes to co-ordinate the neural and the mental facts of disordered states. And his ' dissociation ', which is a cerebral phenomenon, is distinguished from ' disintegration ' of a hierarchy of moral or mental elements having perhaps no neural equivalents. This approach is at the same time too wide and too narrow ; for although he endeavours to relate the repression and dissociation factors in any case of conflict, his psychology has little in common with the metapsychology of Freud. But despite this unpromising start, I believe the term could be conveniently brought into metapsychological usage. And to begin with, I believe that its greatest value would be in the topographical field. It would of course need to conform to certain standards, that is to say, not be regarded simply as a by-product of repression, but refer to the (comparative) isolation of nuclear elements occupying the approach to consciousness and modifying other mental elements of instinctual representation as they pass through these approaches. In this respect the term is more satisfactory than the more vague word ' splitting ', which usually begs the question of what is split.

But as well as being useful in the structural sense, the term dissociation is also valid in the *dynamic* and *affective* sense. Dissociation of affect is most easily studied in the manic-depressive sequence, where although there is an externalization of instinct energy, there is not by any means a complete transmuting of energies or affects. The depressive or, as the case may be, the manic affects are dissociated. In the next place, both structural and dynamic aspects are accentuated by the selective action of mechanisms. Thus repression favours both structural and dynamic dissociation. This is seen especially in hysteria. Reaction-formation also favours the isolation of special nuclei. This is observed most clearly in the localized reaction-formations of hysteria, and the more extensive reaction-formations of obsessional neurosis. I suggest that the more we study a variety of mental phenomena which are by general consent regarded as signs of weakness, or more accurately as signs of conflict (I would instance here such symptoms as alienation, depersonalization, fugues, split personality, etc.) the more important it would seem to commence our study of weakness from the point of view of nuclear development of the ego.

To sum up briefly my views on ego strength and weakness, the conclusions I wish to present are as follows :—

(1) From the dynamic and affective standpoints psychic strength depends on (*a*) affective balance, (*b*) an elastic adaptation to the demands of instinct, including freedom of relation with the objects of those instincts, (*c*) an optimum freedom from the reactive affects of anxiety and guilt—possibly also of depression.

(2) Although it is impossible to characterize strength or weakness in terms of unconscious mechanisms, it may be said that excess or restriction of these functions contributes to weakness of the ego. Alterations of this sort are, however, highly individual and cannot be made the basis of generalizations. On the other hand, it is very probable that harmonious adaptation to the total (ego-syntonic) requirements of instinct depends to a very large extent on the mechanism of displacement. A capacity for harmonious adaptation through displacement is therefore a sign of strength.

(3) Structurally, the strength of the ego depends on the degree of integration of various early nuclear components. I do not suggest that fusion is necessary—merely integration. The weakness of the ego depends on the degree to which early nuclei retain energy and are capable of a degree of autonomic function—in this way preventing mental energies from being distributed amongst more integrated layers. Energy can be withdrawn or absorbed from more integrated layers in two main ways : (*a*) regression to, and re-activation of primitive interest ; (*b*) absorption of energy by direct conflict in the more integrated layers themselves. This conflict is in its turn exacerbated where there exists already an excessive amount of active primitive interest. (I suggest the use of the term *dissociation* to describe this clinically.)

In the introduction to this paper I pointed out that, in addition to these three approaches, one ought to take into account the highly individual factors of development and of the relation of the total ego to its immediate and potential environment. I have suggested that the old analytical conception of a single or central series of instinctual primacies or serial positions can no longer be regarded as adequate, and have suggested that the ego develops from a cluster of primitive islets until about the end of the second year it becomes definitely unified. I would only add that from this time onwards the concept of fixation can be extended from its customary instinctual reference to include fixation of the total ego to any one

period of development. Until our knowledge is more complete it is inadvisable to label these phases, and we must be content for the time being to relate them to particular age periods. Closer study of many transitional forms of psychoses and of psychotic episodes, which psychiatrists are content to label as ' mixed ' in type, shows that the psychotic regression activates reactions which are typical of some particular year of infantile development. In this sense the concepts of fixation and regression have a broader significance and can be included amongst the criteria of ego-weakness. There is, however, one important qualification to this general statement. It is not true that all regressions are a sign of weakness—nor is progression always a sign of strength. It is notorious that what we call precocious progression or development can function as a defence against conflict. It too can be a sign of weakness. But this is only to repeat that however close we come to absolute standards of strength and weakness, it is essential to check these by a clinical assessment of the total psychic function of each individual—i.e. his capacity to adapt to life as he finds it. Potential strength is a readiness to adapt to life as he is likely to experience it.

Here we reach the final criterion of ego strength or weakness, viz. the relation of the total ego to environmental stresses, past and present. The capacity to withstand earlier stresses is clinically of considerable value in estimating current strength or weakness, but before we can, strictly speaking, speak of ego strength, the margin of safety must be sufficient to meet oncoming stresses. This is essentially a ' traumatic ' criterion, and is subject to the disadvantage that we cannot anticipate with certainty any but the usual ' critical phases ' of adult instinctual life and work. But so far as ' previous history ' is concerned it provides a useful check on the standards of strength or weakness already detailed.

Space does not permit a systematic account of the clinical indications by which any of the foregoing standards can be applied. Speaking in the most general clinical terms we can say, however, that where the ego is strong the individual will not present outstanding peculiarities of a symptomatic type (major neuroses, psychoses, sexual perversions, inhibitions or character disorders). He will be elastic in adaptation, labile in mood but with a capacity for happiness or at least tranquillity. He will be comparatively free from the usual signs of unconscious anxiety or guilt and show good working capacity with an elastic response to working stresses. His regressional activities will be regulated by the necessity for psychic recuperation, and not anchored to past phases of development in such a way that his total personality is dominated by a single facet of it. He will be able to make social contacts of a friendly type and to fall in love with an object other than himself, without, however, exhausting his store of self-appreciation. And, subject to the reasonable claims of society, he will be able to exploit his instincts of mastery and aggression in order to supplement his self-preservative and allo-erotic impulses, to support his familial responsibilities and, if he should so desire, to give expression to his social idealizations. If it should be argued that an individual possessing *all* these qualities would be something of a monstrosity, my answer is that the remedy lies in the commonsense of the consultant, who will be amply satisfied with a safe margin of ego strength over ego weaknesses.

AN ACUTE PSYCHOTIC ANXIETY OCCURRING IN A BOY OF FOUR YEARS [1]

By SUSAN ISAACS, London

I wish to describe and discuss the material which follows because it illustrates clearly the interaction between internal and external situations. During the analysis of this four-year-old boy, certain acute anxieties arose in response to particular external events. These events were reflected in a detailed and dramatic way in the content of the anxieties, and in the various defences to which the patient resorted.

The special anxieties I shall discuss showed themselves about the eighth week of analysis, in response to severe environmental stimuli occurring in the sixth week ; they were worked through, in their most acute form, during the following month.

I shall describe the boy's symptoms and the general situation of his life ; give a brief outline of the course of his analysis up to the crucial happenings in his external life ; describe in some detail the extreme anxiety produced by these events ; and then discuss the chief meaning of his symptoms and characteristic defences.

Description of Case

The boy, Jack, was brought for analysis because of periodic and severe attacks of rage when he was frustrated, and also a ' queer ' excitement which came on apart from temper, with no immediately obvious stimulus. Apart from these symptoms, his relatives considered him a fairly healthy and happy child, friendly and uninhibited, not specially aggressive or destructive. In the analysis, however, he soon showed that he often had moods of

[1] An expanded version of a paper read before the British Psycho-Analytical Society, February 2, 1938.

sadness and unhappiness. He had had pneumonia just before he began analysis.

His father had died of tuberculosis when the boy was less than a year old. His mother had a very difficult time nursing the father. After the father's death, the mother went out to business, and Jack was brought up by his mother's sister. He and his mother still lived with this aunt and her husband. The boy called this uncle 'Daddy' and had on the whole a good relation with him.

About a year before the analysis, the aunt was ill for a time and the child was put into a convent for a month. During the year before he came to me, his mother earned her living in evening work at a cinema, and spent the day at home with the boy. During this period, the tantrums and fits of 'queer' excitement had become worse. In later talks with the mother, the seriousness of the tantrums became more apparent. She told me that the head of the kindergarten which Jack attended had advised her never to send him to a boarding school, as his 'fits' would make him so disliked by the other boys. The course of the analysis showed that this head teacher was correct in her assessment of the seriousness of the boy's psychological difficulties, in spite of the fact that in some ways he appeared so normal.

The home was lower middle class, in a new residential district. The family had very high standards of behaviour, and was prudish and strict. Jack's mother was very particular about manners, and always insisted on the rule of 'ladies first', when entering a room, being served at meals or taking any privilege. The boy had no playmates, save one who was (in the eyes of mother and aunt) of inferior social standing. They deliberately kept Jack away from this boy, because of his 'bad influence'. Jack's name for his genital was 'rudy', and for urination, 'to be excused'. From these facts, and other indications in my knowledge of the mother, it appeared that she had a certain amount of unconscious hostility towards sexuality, and in particular towards the boy's maleness.

The major fact of the boy's life was that he had no father of his own. Consciously, he spoke of having one father and two mothers, since he lived with his mother, aunt and uncle, and called this uncle 'Daddy'. He often heard his mother and aunt speak of his father's illness and death, and the difference this had made to his mother's life. When he went to the convent the year before, the nuns had spoken to him of his 'other Daddy' who was 'in Heaven'. The boy had replied: 'No, I have one Daddy and two Mummies'; but the nuns had insisted that he had 'another Daddy in Heaven', where he was 'very happy'. Jack's mother told me this. Later on, I surmised from analytic material that the nuns had said that his father sang hymns in Heaven.

The aunt told me that Jack's mother was herself liable to fits of hysterical anger with the boy, the two shouting and storming at each other like two children. There was a certain amount of tension between the sisters about the boy (as I could see); but affection and helpfulness as well. The aunt envied the mother for her child; the mother envied the aunt for her husband and home and freedom from the necessity to go out to inferior work.

The boy slept in the same room as his uncle, the two women sharing another room. Jack often left his own bed in the night and insisted on getting into his uncle's.

Apart from the inhibiting effect of the mother's prudishness and her attitude towards his maleness, the central psychological problem of the boy's life was, in my judgement, that set up by his father's being dead and his uncle's having two women to look after.

Main Outlines of the Analysis, previous to the Traumatic Events

I do not propose to offer detailed material in this section, apart from one or two incidents; but chiefly to summarize the main themes.

(1) The boy was a naturally affectionate and confiding person, and began to show me his troubles as soon as he entered the room. From the toys on the table, he took up an engine and two coaches, and arranged these with one coach in front of and one behind the engine. He looked up at me enquiringly and, in a doubtful and rather sad tone, asked: 'Engines *do* go like this, don't they? You *do* have a coach in front, don't you?' His tone showed that he did not quite believe it. I understood that he was, by his question, exploring my attitude towards him, as well as expressing some doubts about his mother and the situation at home.[2] In later hours, the action and query were

[2] A technical question arises here: how far and in what way is it desirable, in analysing a young child, to make use in interpretations of knowledge about the patient's life and circumstances which has been gained from the parents or other adults?

In Jack's case, his mother actually said 'Ladies first' to him in my presence, and I saw his sheepish look at the time. But in my later interpretations I also referred to the fact of his father being dead, his living with aunt and uncle as well as mother, his mother having to go out to work, and other such circumstances—whenever I saw from the boy's play or conversation that these facts were indubitably at work in his mind, consciously or unconsciously.

At this age, and sometimes even at older ages, a child accepts it as quite natural and inevitable that his parents should have told the analyst such facts and events. He will expect it to happen even more than it does. He does not resent it as an infringement of confidence or his rights as an individual, in the way an adolescent or an adult would do. Nevertheless, it stirs up persecutory fears of people leaguing together against him, and so on. These anxieties are relieved (*a*) by specific interpretation of them as such; (*b*) by the general relief which the child gains through the analytic use of the facts which the analyst knows, and the consequent understanding of what the child feels about these events; and (*c*) by the analyst's frank admission that the parents have told her these

repeated several times, in different contexts, and with plenty of related material. I came presently to understand that his question had the following further meanings :

(*a*) Jack was expressing his doubts, unhappiness and anxiety about the situation at home, where there were 'one father and two mothers'. (The coaches symbolically represented his mother and aunt ; the engine, his father or uncle, as well as himself and the male genital.) He felt this 'one father and two mothers' to be a bad arrangement, since the one man could not give both women all they needed, and the women quarrelled. Jack was puzzled, too, about the different circumstances of the two women. Why should one, his own 'Mummy', have to go out to work to earn money and get tired and cross, whilst the other, his aunt 'Mimi', could stay at home and have an easier time ? Jack certainly connected the greater irritability and unhappiness of his mother with these harsh necessities. He felt that his uncle should give his mother, too, enough money to enable her to stay at home and be happy. The 'one father and two mothers' meant not only that one father had to support and feed two mothers ; unconsciously, it also meant that one man had to be potent enough for two mothers and satisfy them both genitally. He felt, too (as I realized later), that his own dead father, supposed to be happy singing hymns in heaven, ought to be in his home, working and helping his mother, bringing her money, saving her from work and unhappiness. The dead father, thus, was in the boy's mind selfish and cruel to his mother. This contributed to Jack's phantasies about his dead father, as a cruel and frightening figure.

(*b*) Jack was asking me whether 'engines do *go* like this'. It became clear that his mother's demand that 'ladies should go first' was unconsciously associated in Jack's mind with her prudishness and her attitude towards sex. It was to him a depreciation of his manliness, an expression of her dislike and distrust of the penis, and of a wish to castrate him. In his query, he was wanting reassurance about this, and asking whether he could be potent in spite of 'ladies going first'.

(*c*) He was asking me whether I, too, had a hostile attitude to his maleness and thought women should have all the privileges ; whether I, too, wanted to castrate him.

During the next few weeks, the further situations appearing in the analysis led to interpretations and conclusions as follows :

(2) My interpretations about Jack's fear of being castrated by his mother and myself, and of the anxiety and hatred aroused in him by his mother's restrictive attitudes, and my references to his feelings about his uncle's difficulties with his mother and aunt, lessened the force of repression. This brought feelings of relief and a strong positive transference. As the boy's hate and suspicion became somewhat reduced, his positive feelings towards me developed, and his libidinal wishes towards his mother, and myself as representing her, began to appear. He could then bear to bring out more plainly the hatred itself, which he felt because of his direct sexual feelings being frustrated.

(3) Very soon, however, these Œdipus wishes brought up his fear of his uncle, and severe castration anxieties in reference to him. These anxieties drove him to feelings of submission to his uncle, and strengthened the masochistic feminine wishes of the inverted Œdipus situation. (Towards the end of the first week, Jack burnt his wrist on his uncle's cigarette, as he sat affectionately on his knee.) When these homosexual wishes were interpreted, together with their use as a defence against the dread arising from the heterosexual aims, his direct Œdipus wishes to his mother and myself came up again. The boy's libidinal aims moved to and fro between the heterosexual and homosexual positions, as interpretation relieved each set of anxieties as they came up in turn.

(4) Moreover, early oral wishes towards the penis, and the earliest homosexual aims, came into the open. The desire to incorporate the penis, orally and anally, with all its attendant phantasies of an internalized 'good' and 'bad' penis, was dramatized in Jack's analytic play. When he felt he had incorporated a good penis, he had hopes of being potent himself and achieving his heterosexual aims successfully. When he felt he had internalized a destructive penis, he felt he became helpless and castrated. And these feelings of potency or of being castrated influenced his reparation phantasies. He felt that if he had a good internal penis, he could restore his mother and satisfy her sexually ; conversely, when his internalized penis seemed bad, he despaired about making his mother well and happy.

The circumstances of his life emphasized Jack's emotional dependence upon his uncle, who was certainly a less restricting person than the two women—provided that the boy was 'good', not over-assertive or demanding. The quarrels between mother and aunt also encouraged his homosexual attachment to his uncle. In his uncle, he sought a good father, so much needed to help him, both in his external life and in his internal problems. When he went into his uncle's bed at night, he was not only drawn by love and admiration, but also driven by the dread of the bad

facts. Moreover, the child soon learns that the analyst does not tell the parents what happens in the analysis itself, nor make use, in a way hostile to the parents, of what the child shows her, the analyst. In other words, that the analyst does not in fact league either with the parents against the child or with the child against the parents. In these various ways, the child comes to feel that it is on the whole a helpful thing if the analyst has been told about external events and circumstances. Later on, he becomes able to communicate these external matters much more freely himself.

internalized penis, and of the quarrelling women. He had a great wish to feel that his uncle was a good friend ; but the possibility of a desexualized friendly relationship was much hampered by his anxieties concerning the destructive internalized penis.

(5) The early loss of the boy's actual father, not seeing and knowing him as an external figure, had enhanced all his phantasies about the internalized father and given them particular features. The internal father was a dead and frightening figure.[3] In the course of the analysis, an intense longing to bring his father back to life, either in actuality or as an internal object, began to find expression.

(6) The boy's masturbation phantasies began to appear, with all their wishes, aggressions and anxieties. In one session, Jack brought a stuffed dog which he called ' Pluto ' (from the Mickey Mouse films) and made him ' come alive ' (as he said) by dancing and jigging him about on the couch—just as Jack himself jigged about in his moments of ' queer ' excitement. Jigging ' Pluto ' about represented masturbation, and showed the link between Jack's own jigging about in his ' queer ' excitement and his masturbation. When I interpreted the jigging as masturbation, Jack told me he played with his genital in the lavatory. But since he spoke of ' Pluto ' ' coming alive ', the jigging about and the masturbation appeared to be also ways of reviving the internalized father and making him ' come alive '. It seemed that one of Jack's masturbation phantasies was this reviving of his dead (internalized) father in a good union with his mother.

(7) Jack's anxiety about being castrated by his mother and uncle because of his masturbation, his fear of his uncle's jealousy if his father did ' come alive ' inside him and he thus became potent, was also shown more definitely. He was afraid, too, of his mother's jealousy of me (of which there were signs in her manner to me, after the boy showed some improvement). These fears brought up hatred of both mother and uncle. His hate stirred aggressive impulses and the wish to attack mother and uncle with his erect ' burning ' penis and hot ' burning ' urine.[4] His earliest phantasies of the potent erect penis as a weapon of attack were revived, reawakening also his anxieties about the sadistic sexual intercourse of the internalized parents. When these latter phantasies were predominant, sexuality seemed bad in every respect.

(8) An important theme during the second to the fifth weeks was Jack's phantasies about his loud shouting voice. He had great pleasure in loud shouting, not gratified at home. Moreover, he felt that his voice, in screaming and shouting, could produce very unpleasant effects in the outer world —' horrible headaches ', earaches, ' black faces ' and frowns in the people around him. His loud shouting at me made him fear my voice in turn—lest I should shout at him, even injure him and put ' black ' things into him, in revenge for his attack on me. My voice would accuse and reproach him and make him feel guilty. Here he projected on to me the voices of his internalized father, uncle and mother (super-ego).

One aspect of his feelings about his voice was his defiant use of forbidden ' dirty ' words, learnt from the forbidden playmate. These words also made people's faces ' black ' , and were identified with his fæces and flatus and the destructive internal penis.

His pleasure and relief at being allowed to shout in the analysis alternated with doubts about my goodness and wisdom in letting him do these forbidden things, with his fear of seduction by me on account of this, and with dread of his own uncontrollable desires.

The analysis of these various psychological situations, and in particular of the masturbation phantasies, was proceeding in a normal way, when, in the sixth week of the analysis, a series of events occurred, extremely trying for the boy, and giving rise to acute anxieties.

Traumatic Events

These events were :

(1) At the beginning of the week, Jack's aunt fell from a chair when reaching up to a high shelf and cut her wrist severely on a glass dish, severing an artery and tendons. The boy was in the room at the time, and saw and heard the crash. I surmised from associated material that he had been singing at the time of her fall. His mother told me in the boy's presence that his aunt had ' nearly severed her wrist '.

(2) This week was the anniversary of his father's death, which influenced his mother's state of mind (and probably his aunt's) and the talk which the boy heard, hence affecting his own trend of feeling and thinking.

(3) The third happening was that his grandmother, his mother's mother, was to be sent into hospital for an operation for cataract. This actually took place the following week, but was discussed in the boy's presence at home during this time. The grandmother was a very good friend to the boy and his mother. She helped them financially and thus often stood in the rôle of a father, in the boy's mind.

(4) The fourth event of the week, probably brought about by these other happenings, was that

[3] Melanie Klein and Joan Riviere both tell me that they have seen how, in several cases, the death or disappearance of the father in the early years of the child has had a profound influence upon phantasies about the internalized father, as well as upon the development of the Œdipus complex. The internal father figure tends to be endowed with extreme qualities, the phantasy of an idealized internal father and that of an extremely sadistic one are both strengthened, and both in their turn reinforce the inverted Œdipus situation.

[4] Compare his remark, quoted on p. 20, about his own ' bad gas ' which had ' all flared up and burnt ' his father.

Jack's mother herself, when at work, dropped a large pot of boiling tea on her foot and scalded it severely.

Throughout these events, and during the next week or two, Jack missed many analytic sessions through his family circumstances.

The Analysis of Resulting Anxieties

The day after his aunt's accident Jack came into the analytic room as if he had not a care in the world, singing and playing rather defiantly and demonstratively; but after a few minutes he suddenly said 'I *must not* sing', with much emphasis. This was followed by an outburst of aggression towards me, in which he re-enacted his aunt's accident and showed me that he felt he had caused her to fall and hurt herself. He threw a great deal of water about and flooded the floor, whilst standing on top of the chest of drawers. In this aggressive play, which represented the crash of his aunt's fall and the flowing blood, he gained much relief for the pent-up feelings which had no outlet at home, and much pleasure in aggressive conduct.

Presently, however, he showed me another aspect of his feelings in this hour. He reproached me openly for wearing (as I happened to be doing) a new frock on this day, the day after his aunt was injured; and threw wet dirty rags at my frock.

This wetting of my frock partly represented an aggressive attack with urine, but it seemed to be also a way of making me sorrow for his aunt's injury, as he could not bear to do himself. It showed me the stress which was caused in him by the demand of his mother and aunt that he should not shout or sing—'I *must not* sing'. This prohibition stirred both anger and anxiety in him, since it made him feel more guilty about his aggressive tendencies and more deceitful if he had to hide them. Not only so: if he 'must not sing', this took away his manic assertion of gaiety and cheerfulness and denial of sorrow and depression, and delivered him up to the latter feelings which he could not bear. So the flowing water and the wet put upon me also represented the tears which he felt *he* was expected to shed for his aunt's hurts. I was to sorrow instead of him. But then, after he had wet me, not being able to bear to see his own grief represented through me and the suffering he had put upon me, he hated me for that, too, and attacked me because of it.

Thus Jack began the hour by denying any distress or anxiety or any occasion for such feelings. His defiant manner showed that he expected me to reproach him or revenge his aunt's hurt. As I did not do so, he could express his sense of guilt in the voice of mother or aunt (internalized): 'I *must not* sing'. Then he could show me how aggressive he had felt and what harm he had done, re-enacting the scene. This in its turn brought up anxiety and guilt towards me about being so aggressive in my room—flooding it, etc. He dealt with this first by projecting guilt and callousness on to me—I ought not to wear a new frock. I should suffer with or instead of him. But then he had to attack me as a suffering person. The suffering loved object (primarily internal) which cannot be made happy and well must be attacked and killed, so that the ego may be spared the intolerable pain and conflict of the experience. (There is a close connection here with suicide impulses, as will be seen later.)

Jack's anxiety on leaving me that day was considerable, both because of the frightening situation at home, and because he feared that, in his aggression towards me and his wish to make me suffer, he had actually damaged me, too.

The following morning he had violent tantrums at home, and did not want to come to see me. However, he did come; and in this and the following hour the conflict between his destructive wishes and his desire to save people—e.g. from drowning and burning—was worked out dramatically.

For instance, he made a ship with chairs, and I was to sit in it and be kept 'safe' from floods and storms. The ship represented an omnipotent means of controlling his storms of hatred and disastrous floods of urine. Later, he showed that he wanted me to help him preserve his mother from harm, by helping him to be clean and control his urine and fæces. He put a towel on the chair where he was to sit, calling it a 'nappy'. Later still, he pretended that all the toys and small objects in his drawer were 'coal', and said he would 'cart all the coal away' and 'make it all tidy' (i.e. all the dead, dirty black things, the destructive fæces).

His early anxieties about destructive wetting and dirtying had thus come up again in response to the happenings at home. He felt such aggression in himself to be responsible for all the bad happenings in his world. (As Melanie Klein's work has shown, the child uses his anal and urethral bodily functions as an instrument of his sadistic impulses towards his mother, and feels them to be all-powerful in destruction.)

He had brought 'Pluto' with him again, also a boat and a 'Mickey Mouse' (these standing for father, mother and son); and he showed me in various ways his wish to make his aunt better and to give her many children. At the end of the hour he tried in a friendly but omnipotent way to save me from the danger of his destructive tendencies by getting me to go first out of the room ('ladies first'), leaving him standing on top of the chest of drawers shouting very loudly. In this way, he proved that, although he made a loud noise as he had been doing when his aunt fell, I would nevertheless be able to walk out uninjured. When he came out of the play-room, he told his mother that 'Pluto', who had been sitting on the couch all the hour, had 'been weeping his eyes out'; and

he added, about 'Pluto's' supposed weeping, 'That's sorry for Granny'. 'Pluto', in this case, stood for one aspect of himself—when he was feeling the grief and guilt which he had tried to defend himself against in various ways.

In his play during these two hours, he had swung between the following situations: (*a*) saving me (his mother) from urinary attacks by making a ship; (*b*) attempts to undo past aggression by preventing himself, and making me prevent him, from dirtying the chair, etc.; (*c*) projecting out of his inner world the dangerous fæces and bits of people represented by 'coal'—everything had become black coal and must be carted away and tidied up; (*d*) reviving his father and bringing about a happy family situation, in which he and his father, together or alternately ('Pluto' and 'Mickey' and the boat) gave his mother children. This not only satisfied his libidinal wishes but also made use of his potency in acts of reparation; (*e*) magically and omnipotently controlling me and my actions, as standing for the injured aunt and mother—this was particularly at the end of the hour; (*f*) making 'Pluto' 'weep his eyes out', as representing himself when he was grieving. In all these ways he was trying to keep his guilt and depression at bay and overcome them, and at times was expressing his wishes. In his remarks to his mother when he left, Jack's sorrow and depression were fully shown—one aspect of these being his feeling that the only way to make his grandmother's eyes better was to weep his own eyes out. The comment to his mother was also an attempt, partly conscious, partly unconscious, to show her that he *was* sorry for his grandmother, and thus reconcile himself to her; but it also expressed the actual grief and guilt which he had tried to overcome during the hour. The analytic work of these hours had rendered him more capable of bearing and of expressing his grief.

That same evening, Jack's mother scalded herself, and he was not able to return to me for a week, since his aunt was now busy caring for his mother. When he came back, he at once reproached me grievously for not 'keeping things right'. He ran his toy engine along a straight join in the top of the table, saying most reproachfully to me: 'Why didn't you know that engines should run on rails? Why didn't you keep it straight?' Here he defended himself against his own guilt and grief about his mother's accident by projecting responsibility on to me. He showed me again in a number of ways what distress he felt at this further accident, in what despair he was at not being able to prevent these awful happenings and how terrified he was of his own aggression. He felt he should have kept his mother (and his aunt and grandmother) safe; unconsciously, this extended to phantasies about his parents' sexual intercourse.

When I spoke of these phantasies, he began to sing a song, one which appeared a good deal during the next few weeks, about a 'lover' who 'yesterday went away'. He sang, 'They asked me how I knew my own true love was true'—a song which ends 'smoke gets in your eyes'. To his mind, the 'smoke' meant both the 'black stuff' (fæces), used as an instrument of hate, which had hurt his grandmother's eyes, and the tears which he ought to shed to make them better, but which would thus darken his own vision. But to cry meant nothing short of 'crying his eyes out' (as he had said about 'Pluto' the day before); and this meant both being blinded and castrated. His castration anxieties were linked with his depression. But the song about the 'lover who yesterday went away' expressed his longing for the return of his father, and the feeling that it was the loss of his actual father (and a good internal father) which had led to these disasters, to the distresses of mother and aunt and grandmother. He could show me his sadness at the loss of the helping father and his longing for his return, after his anxiety was relieved by my interpreting to him how he was projecting his guilt and responsibility on to me.

The next week, the seventh of the analysis, brought the following major responses. At the beginning of the week, his grandmother went into hospital and was successfully operated upon. The day she went, he was very sad and depressed, and showed his castration anxieties in many details of his play. When I said he was sad because so many hurtful things had happened which he felt he could not prevent or make better, he told me: 'Grannie gone away.' He then got on to the couch, right under the fitted cover, and shouted at me from under it. Later on, he asked me to lie under the cover in the same way, when he tried to jump on me and to kick and trample my face. (I did not, of course, allow him to carry this to the point of hurting me.) He was now representing his blinded grandmother (being under the cover), and the operation on her eyes, which he felt to be a cruel assault (the kicking and trampling).

Thus, he first showed me how he identified himself with his blinded grandmother (in unconscious phantasy, he contained her); and then represented himself as carrying out the operation upon me (as standing for her). The operation itself represented a sadistic primal scene. (As will appear, next day he asked me to 'wake him up' by running a toy engine and trucks over him when he was under the cover—a reference to being wakened up by intercourse between uncle and aunt when at one time he had slept in their room.) He wanted to be the surgeon who would restore her sight by the operation; but the severity of the boy's conflicts is shown in his acting out the operation as a cruel kicking and trampling. And just as he felt the operation, intended to restore and heal, to be yet cruelly damaging and painful, so,

in his phantasies, sexual intercourse, giving life and pleasure, was yet a cruel and dangerous happening, which might lead to castration and even death.

These interpretations lessened his anxiety somewhat, and as a result his aggression and sadism were modified to some degree. He now acted out his grandmother's experiences by playing at being a barking, biting dog, pretending to bite me, and saying: 'I'm a little dog.' The biting dog stood for the surgeon's knife, as well as for his own teeth and oral aggression, the barking for his loud aggressive shouting, with which he had often annoyed and hurt his mother and grandmother. (As I mentioned earlier, his own aggressive voice was equated with a destructive internal penis and bad father.) He thus acted out both his own aggression and that of the sadistic father—now represented by the surgeon operating on his grandmother.

The next day, after much further play of biting me like a dog, and some attempts to do so actually, Jack hid under the cover of the couch again, and got me to 'wake him up' by running a toy engine and trucks over him. He then said, 'I'm ill in bed'; but he could not bear to act this out, and had at once to get up and laugh and shout. Instead, then, *I* had to 'be Granny', ill in bed. He now put many little toys, engines, etc., near to me for me to look at, to comfort me and prove that I was not blind. When I lay still, representing the ill grandmother, he became very quiet and subdued. Then, suddenly, with obvious relief, he said: 'I found out it was only Mrs. Isaacs'—thus comforting himself with the reality that we were only pretending, and that I was not in fact ill or blind. Thus the immediate effect of the interpretations was to lessen the phantastic elements in the situation and foster the more realistic aspect. This is an example of the way in which a purely analytic procedure of interpreting unconscious phantasies and anxieties promotes the sense of reality.

Jack then threw and poured water on to the floor, became a 'big Daddy showing the babies how to skate' (pretended babies) on the floor. He struggled hard to control the amount of water which ran off the table on to the floor, holding a vessel underneath to catch the drips, and saying: 'I'm being a sailor saving the babies.' Then he gave many gifts to 'one of the babies' (now a small doll), as he had done to me when I represented the ill grandmother. The ill grandmother (thought by him to be dying) had thus now changed into a growing baby—a more hopeful figure. (The well-known 'reversal of generations' phantasy.)

He now put little toy people into the largest basin of water, calling them 'the babies'. He put them close together and said: 'Now they're cuddling each other.' The babies now represented the parents re-created and loving, in a good sexual intercourse. The basin represented his body, and the babies (parents) were also internal. He made a nail-brush into a 'raft' for the babies to float upon, with many other details which showed his wish to save his grandmother, re-creating her as well as his parents, in the babies, by means of his good creative penis, the 'raft'.

In these two hours, thus, we see, first, a short-lived defence against depression (his accusations against me, followed by his biting attacks, acting out the aggressive impulses); then, an open depression, with the feeling that *he* had now to suffer what his grandmother was suffering. He had internalized his grandmother, as a blinded and tortured and thus also a persecuting object; (and she, as we already know, also stood for the mother, castrated and injured in a dangerous sexual intercourse with father.) Then he projected this internal suffering grandmother on to me, and I had to go through her suffering, whilst he was the powerful sadistic father, biting, cutting, burning, blinding me and rendering me helpless. (At this stage, he had little hope that the operation on grandmother's eyes would actually heal and restore her sight.) Then, once again, the depression arising from his concern about the suffering of his grandmother, and from the internalization of the injured grandmother, returned; this was once more dealt with by projecting her on to me and making me play her part instead.

This was also a way of controlling me (and her), as an external object. The injured object is necessarily dangerous and must be controlled. He showed this intense need to control by his watching and ordering every detail of my actions, and his feverish efforts at this point to control the water running down from the table, etc. The very intensity of his efforts showed how strong were his recurrent doubts about the possibility of controlling his own and his internal father's aggression. But presently, as a result of the interpretation of his aggressive wishes and his anxieties about them, his hate and sadism were reduced, and trust and confidence in himself grew somewhat stronger. This meant that he, as well as his father, could have a good union with his mother, and that his penis could be life-giving and life-saving. (He had said: 'I'm being a sailor saving the babies.') He began to feel, through the analysis, that he was incorporating, and had in the past incorporated, a good penis, a good father, potent to heal and save. He could comfort the ill grandmother with his gifts, could save the babies and re-create the internalized grandmother in the babies. The release of his libido, along with the lessening of anxiety about the internalized parents, brought with it also an improvement in his sense of reality—as was shown in his comment: 'I found out it was only Mrs. Isaacs.'

During the next day or two, Jack was told that

his grandmother's operation had been successful. This was a great reassurance to him. It meant to him that she would not die, but would be able to see again and would come back to him as a good friend. Together with my interpretations, it enabled him now to bring out more fully and vividly in the analysis his feelings of guilt and responsibility towards his grandmother, as well as his anxieties about his dead father and his own inside. Owing to the lessening of anxiety through the analytic work, his phantasies could now become manifest, and be worked over and tested in reality. But their content as it appeared in the material of the hours which followed showed what a formidable experience the boy was undertaking.

In the middle of the week, Jack made many attempts to wash the floor and the wall, which he called 'Granny's bottom', actually chanting these words as he did it. But his attempts to clean things and make them look better resulted in an ever greater mess, and suddenly he urinated on the floor. This change of attitude, as could be seen in the expression of his face, came about when he realized that his constructive efforts were proving vain. It was his despair at making a mess with the soap and water when he was trying to clean the wall (which stood for his mother's and the analyst's, as well as his grandmother's, bottom) which led to the actual urination. This lack of skill denoted to Jack that he could not use his fæces and urine as gifts, as a means of cleaning and restoring his loved persons; their destructive qualities seemed to be too powerful. There was then nothing left but to regress to the anal level of defiant dirtying, and a distrust of his helpful wishes. This is a common situation with little children in ordinary life, too. With Jack, whose anxieties about dangerous excrements were so pronounced, and were fostered by his strict environment, it was indeed a major disaster to find that he could not make a constructive use of his fæces and urine, represented by soap and water.

Presently, when scrubbing the floor, he said, 'I'm washing Daddy's tummy'; and in the middle of the soapy mess, he drew a face with the lather, calling it 'Daddy's face'. (Father's face in the middle of father's 'tummy' represented father inside his own body.) He told me: 'He's smiling'; but his tone and manner showed his scepticism about his smiling—about his father's being 'happy in Heaven', as the nuns had said—as well as his doubts about the internalized father. Since he cannot keep his father happy inside himself, safe from his own fæces and aggression, he cannot believe that he could be happy in Heaven. (In the unconscious mind, Heaven, the place furthest away, means the place nearest but least able to be explored, viz.: one's own inside.)

The next day, he told me that it was his own 'bad gas', the 'bad gas in me', which had hurt his Daddy and killed him. It had, he said, 'all flared up and burnt him'. (This was an entirely spontaneous reference to flatus; I had not mentioned it in my interpretations.) Here we have a clear expression of Jack's fear that the good objects inside him, the helpful father, had been or would be destroyed by his fæces and flatus. (It was partly because of this danger that his internalized grandmother had had to be projected on to me, in the play of the previous days; to keep her safe from his excrements.)

After this he tried to 'make me better' (as representing his mother and grandmother) by giving me 'tea' to drink (actually water). But this was quickly followed by dropping the cup and flooding the floor with water, and then by actual urination. Since his excrements were felt to be so dangerous—so much so that they had 'burnt up' his father inside him—they could not be relied upon to satisfy and restore me (his mother and grandmother). This despair led once again to a regressive wetting. (Such fears are commonly operative in the familiar difficulties shown by many children in accepting habit-training, or in causing a later regression to wetting and dirtying after clean habits have been established.)

In these two hours, we see the open expression of Jack's phantasies about the destructive qualities of his urine and fæces and flatus, with admission of guilt and responsibility, associated with the attempts to restore his injured grandmother and mother (myself) by washing and feeding us, and to bring his father to life again (making him smile in his drawing)—alternating with hopelessness and a regressive sadism, when his lack of skill, the weakness of his ego, brought up overwhelmingly his doubts about the possibility of such reparation.

Once again, now, Jack's Œdipus wishes came forward, together with his phantasies about his mother and myself as external objects. He was now more able to show me something of his interest in her genital, and his anxieties about it. Sitting on the floor beside me, he asked me to show him my 'leg and knees', saying pleadingly: 'There's a good girl.' When I refused to do this, he put a series of toy cars and coal trucks in one long line, saying 'It's your rudy'. Thus he tried to prove that I had a penis, was not castrated as he feared. In other ways he showed me that he feared not only that my genital (representing his mother's) was injured and lacked a penis, but also that it was full of 'dirty black stuff' (fæces) and a dangerous father's penis. His early phantasies, derived from his own aggressive wishes towards his mother's body were now stirred again. His sexual wish to see his mother's genital, and to have intercourse with her, was much reinforced by these anxieties and his need to get reassurance about them. It was this need which made his pleading so urgent and the frustration of his libidinal desire to see my genital so severe.

During the next few days, Jack had to stay

away from the analysis, because of his mother's having to go out to do extra work, in order to earn more money for herself and the boy. When he returned, he spoke to me of the bandages on his grandmother's eyes, he having been to see her in hospital. To him, it seemed that her head was hurt as well, since the bandages went round her head. He spoke of it in a context which, following on the previous hour when he had so much wanted to see my genital and prove it was not injured, led me to infer that he had also seen his mother's sanitary towels at some time. To Jack's mind these were bandages on an injury, too, and confirmed his fears that her body and her genital were hurt and damaged.

He now burnt a lot of paper in the hearth, and then stamped on the burnt paper, saying 'It's dead now'. Then he hit his own head with a railway coach, and fell down on the floor, saying 'Now *I'm* dead'. (This linked with the bandages round his grandmother's head.)

The sight of his grandmother's bandaged head had aroused his castration fears in an extreme degree. The threat of castration struck him as something which really happens. (*Cf.* the myth of the head of Medusa, and Freud's view as to the traumatic effect of the sight of the female genital.) His phantasies about the destructive nature of sexual intercourse seemed to him to be confirmed. The father (the surgeon) castrated the mother (grandmother's bandaged head, mother's menstruation). Moreover, the injured female genital was a direct threat to his own penis, as he showed by hitting his own head with the railway coach, which in his play had stood for his mother. But he was inextricably involved in the parents' sadistic intercourse; his head represented his own penis, the father's penis and the mother's genital (grandmother's bandaged head). I interpreted his castration fears, and the complex situation of mutual castration by the sadistic parents felt to be inside himself, with the resulting threat to his own body. He responded to these interpretations, then, by playing at being a 'kind lion'. 'Now I'm a kind lion', he said. That is to say, he had to some extent overcome the danger of castration; his own penis, and that of his internal father, were now felt to be potent but friendly. That some doubt still remained, however, was shown by what followed. At the end of the hour, he took home some toy soldiers from the play-room, and in the waiting room he showed these to his mother, asking her: '*Why* does Mrs. Isaacs let me take soldiers home?'

In this hour, we see how his anxieties had become more acute again, by reason of (*a*) his seeing his grandmother bandaged in hospital, (*b*) the fact that, because of the cost of her operation, his mother had to work still harder and (*c*) his enforced absence from the analysis. My interpretations somewhat relieved his anxieties, so that he could feel that his genital was less threatened, and that the internalized father became less sadistic and dangerous, a 'kind lion'. This 'kind lion' was a modification (through the release of libido) of the cruel internal father. Jack's question to his mother at the end of the hour, however (which I interpreted to him the following day) showed that his doubts were still active. He was warning his mother that I, the analyst, was being too lenient with him (as he feared), seducing him and allowing his dangerous wishes to come into the open. I myself was also the kind but suspect lion-father (who was still a 'lion', although a kind one); and Jack was warning his mother that this supposedly kind father was still a danger to her. And I, the lion-father, was being blamed for Jack's own aggression.

The sight of his grandmother bandaged in hospital had been the climax to the series of frightening and distressing events during the previous fortnight, in which mother, aunt and grandmother had all suffered serious hurt. These happenings had stirred up in him intense anxieties of a psychotic nature, referring to the primal scene between the internalized parents. The 'burning' and biting father's penis ('Pluto' having changed into a 'lion'), and the boy's own 'burning' urine and destructive fæces were felt to constitute a threat not only to the internalized mother but also to his own eyes, head and genital. The struggle with the lion-father, the attempt to kill him, itself brought death to his own body. These are some of the psychotic anxieties which Melanie Klein (1932 and 1935) has described as operating in the early mental life of the child. Normally, they become worked over and greatly modified in the course of development, but if they are (owing to various influences) retained in full strength, they form the potential nucleus of an open psychosis in later life.

Jack brought some of the soldiers back next day in a paper bag. He took the soldiers out and burnt the bag, then stamped the flames out, saying 'Now it's dead', and, 'Aren't we having a *lovely* bonfire?' Later, he threatened to burn me with the burning paper. The bag stood for his own body and penis, containing the dangerous burning penis of the father, and he was showing me his sadistic desires and pleasure in destroying the father and his penis with his burning urine. His manner showed, however, that his pleasure in destruction was being over-emphasized, to cover up his great anxiety about experiencing in his own body the fight between the burning penis of father and his own burning urine.

In terms of the primary instincts, he was showing in these actions and threats his need to deflect outward the destructive impulses (the death instinct); in terms of emotional experience, he was urgently trying to get these frightening objects and events outside himself, because of his overwhelming

anxiety about internal dangers. He felt, when in the grip of these phantasies, that all he could do with external objects was to destroy them—the bag, the flames, myself.

When I interpreted to him his anxieties about the burning internal penis and his reasons for wishing to attack me with it, he suddenly and quickly took off all his garments, except his shoes and socks, and stood naked with an erect penis. Finally, he took off his socks and shoes, too, saying 'In case my feet are black'. (Probably the intention to unclothe and exhibit himself had already been in his mind, unconsciously, when the previous day he had asked his mother 'why I let him' take the soldiers home.) In saying 'In case my feet are black', Jack was justifying his nakedness in my (and his mother's) eyes, and displacing his anxiety and our possible disapproval from his genital to his feet. But he was also showing that there was a further meaning, hinted at now in his tones and gestures, but coming out more clearly in later material: viz. that nothing must be left covered up, hidden or secret, in case it was dirty or bad, and we were thus deceived and in danger. It was partly his anxiety about the dirty and dangerous character of his genital—it might burn or flood me with destructive urine—which made him feel so imperative a need to show it to me. I interpreted these feelings to him, whilst he ran about the room triumphantly for a time.

When, presently, I asked him to dress again, he became very angry with me. He said emphatically 'But I *like* being undressed', and rushed about the room shouting. When I persisted, he became anxious and most obstinately refused. When I held out his garments to him, he rushed away from me as if I were going to punish or hurt him. When, after some further interpretation of his fears, I again urged him to dress, his anxiety became overwhelming. He went and lay down on top of the chest of drawers, covering himself all over with the cloths which he had (on previous days) used for wiping the floor and washing the wall ('Daddy's tummy' and 'Granny's bottom'). When he covered himself with these cloths, therefore, he represented the injured grandmother and dead father. He lay very still, as if lifeless. When, for practical reasons, I once more asked him to put his clothes on, he became extremely angry, and tried to bite me in his rage. Then he said: 'There's lions and tigers and walruses in the room', looking about him in a way which showed that to him the room actually was full of these threatening animals. I told him that these fierce animals represented me; in his mind, I was now certain to bite him in revenge, because he had tried to do this to me in his anger with me. This interpretation relieved him enough for him to be able to obey my request, and (with my help) get dressed and leave in a fairly calm state of mind.

The following session, he wanted to undress as soon as he arrived; I refused to agree (partly because it was cold weather and he had so recently had an attack of pneumonia); whereupon he became defiant. He then burnt a lot of paper in the hearth, urinated on the floor and mixed up the burnt paper with the urine (and water) on the floor, making a black mess all over the floor. Having failed to change my mind by his defiance, he now tried other means. He went to the lavatory and defæcated, coming back to me and saying in a confident and coaxing tone: '*Now* I will undress!' Evidently he felt quite certain that now he had got rid of the dangerous objects from his inside, I should let him undress. When I again said 'No', he once more said there were 'lions in the room', looking at these 'lions' and hitting out at them, with such a fixed and intense gaze as to make it quite certain that he had a definite hallucination, seeing them clearly and objectively. My unwillingness to let him undress had been taken by him to mean that he had *not* been able to leave the 'lions' (destructive fæces and dangerous internalized penis) safely in the lavatory, as well as that I would not let him have the pleasure and reassurance he was seeking; and this made him want to bite me like a lion, and then again fear my revenge. I told him that these fierce 'lions' not only stood for me and the vengeful attack he feared I should make upon him, but also for the lion-father (no longer 'kind') inside himself. He felt he *must* get this threatening father's penis outside himself, since his own body was in such danger from it. If I let him run about naked and show me his genital, and thus prove (as he felt) that his nakedness did not harm me, that I was not burnt up by exposure to his penis, this reassured him about what was going on in secret inside him. But when I refused to let him undress, he felt that I was actually prohibiting nakedness as such. This seemed to confirm his fears about having a dangerous father's penis inside him and could not be endured. He therefore defended himself against this overwhelming dread by projecting the dangerous father outside as the hallucinated lions and tigers.

In these two hours, we see Jack's psychotic anxieties about the destructive contents of his body, and what was going on inside it, come to open expression. He attempted to deal with these dangerous objects and events in various ways: (*a*) by projecting them out of his body and annihilating them (symbolically, by taking the soldiers out of the bag, burning the bag and 'killing' the flames; literally, by defæcating and urinating); (*b*) by manically *denying* danger and badness in his triumphant nakedness, and putting this denial to the test.

His obsessional need to unclothe his body and exhibit his genital arose from complex sources: the fear of the external castrating father (his uncle) and mother, who must be defied; the anxiety and distress that his genital was dirty, disgusting and

dangerous to his mother (myself); the dread of the bad internalized penis and his own fæces and urine. These will act through the boy's external genital to damage the mother's body. His genital must therefore not be left hidden, but must be brought into the open, to be controlled by his own eyes and those of the analyst. In addition, the act of taking off the clothes had itself a meaning in relation to Jack's anxieties about the inside of his body. Melanie Klein has found (and my own experience confirms) that clothes, which come close round the body, affect its comfort so much and are soiled by it, can often represent the contents of the body itself. The act of undressing thus meant not only uncovering the outside of the body to prove that it was clean and not harmful, but also getting rid of the disgusting and evil things inside it.[5]

When I did not allow Jack to gain in this particular way the reassurance he sought against his overwhelming anxieties, he showed me what would happen to him if he were left at the mercy of the dangerous internalized parents and the bad substances inside him; he, too, would lie dying like his grandmother (he still feared she would die) covered up with bandages, dirty cloths and fæces; or dead like his father in the grave. And when, on the earlier occasion on which he had undressed, I urged him to get up and dress, he showed me that, in order to be able to come to life, he would have to turn his aggression outwards and, in the rôle of the lion-father towards me, would bite me in his rage. This was followed instantly by his fear of my biting him in revenge, and then by the hallucination of the 'lions and tigers and walruses', representing both myself and the dangerous internalized father, now perceived in the outside world. (I shall discuss the meaning of the hallucination more fully at a later point.)

The following day Jack again begged me to let him undress. When I refused, he scrubbed the floor and drank some of the dirty water. Then he sang the song 'Baa, Baa, black sheep', shouting it very loudly and forcefully in a defiant manner. Here he was taking in the dirty water (i.e. urine and fæces) in order to show me how he had got dirty inside (he was the 'black sheep') and to reproach me for not letting him undress. He felt it was *my* fault if he were so evil inside. In unconscious logic, my not letting him get the bad things out was equivalent to my putting them into him. The scrubbing of the floor was a sort of pleading (like the 'baa, baa' of the lamb): 'See how much I want to make my inside, and Granny's bottom, clean'—just as the actual defæcation the day before had in part been a pleading and a demonstration of the wish to be clean. All the more, therefore, it was my fault if he were not. In terms of the life and death instincts, the drinking of dirty water was an expression of the despair which he felt when the good he so much desired (i.e. nakedness approved of by me) seemed unattainable. If I withheld the good things (life) from him, then he yielded to the bad, to dirt (and death). The death instinct predominated.

In his song he now emphasized very much the words: 'None for the little boy who *used* to live down the lane'. (That is, 'no wool' for him.) Now the boy playmate whom he was not allowed to see, because he was 'rude' and 'dirty', a 'black sheep', had actually lived 'down the lane' from Jack's home. Jack was therefore showing me, not only his longing for his playmate, but also his guilt towards him. The two had been parted because they had done 'rude' and 'dirty' things together—played with dirt and exhibited to each other. Jack's guilt was made stronger by his being deprived of his ally. He felt the playmate had been sent away because they had made each other dirty. Hence he himself became all the more a 'black sheep'. His present urgent wish to exhibit his genital was partly a confession of the past behaviour which his mother and aunt considered so unforgivable. And his pleading with me in scrubbing the floor and singing, was asking me to help him bring his playmate back, and make him clean again.

But there was another detail of circumstance, which I may not quote, which showed indubitably that the boy who '*used* to live down the lane' and could not have any wool was also his own dead father. He, too, as well as the playmate, was 'the lover who yesterday went away', in another song which Jack sang to me, as we saw earlier. It will be remembered that Jack had already told me that it was his own 'bad gas' inside himself which had 'all flared up and burnt' his father and killed him. He felt guilt towards his father, as well as towards his lost playmate. Jack wanted to revive and bring the father back, too, as he had already shown me in many ways. His urge to take off his clothes and exhibit his erect genital now, in so far as it meant getting the wicked and hurtful things out of his body, and undoing the harm done in the past, meant also restoring and winning back the 'kind lion', the good father, external and internal.

The next day Jack again demanded that he should be allowed to undress, as soon as he came. I had now come to the conclusion that, in this particular case, I could not go on refusing his demand without disturbing his analysis seriously, or even stultifying it altogether. Here, again, we come to an important question of technique. Generally speaking, children, even at so young an age, express their wishes and anxieties in words or symbolically by play and gestures, and relief is obtained partly by acting out in play, partly through the moment-by-moment interpretations. Direct gratifications (e.g. exhibiting, masturbating,

[5] These motives enter into the drive to exhibitionism, generally. I have found them at work with adult patients.

obtaining food, defæcating on the floor, and so on) are discouraged by the analyst. In Jack, the obsessional drive to undress himself in order to gain reassurance and to act out his aggressive and libidinal wishes was extremely strong—as all the material so far has shown. But the chief reasons why he could not obtain relief through a symbolic expression of his wish only were (*a*) the overwhelming anxieties caused by the traumatic events already described, so many in so short a space of time; and (*b*) the frequent absences from the analysis brought about by these events. These absences were, on the one hand, a great frustration; and on the other, they prevented the anxieties aroused by the traumatic events being dealt with step by step as they arose, and caused them to be heaped up until they became unbearable.

I therefore decided that it was wiser now to be quite neutral in this matter, and confine my comments to interpreting his compulsion to undress, and all the details of his actions. When I did not again say he must not, he at once took all his clothes off. He climbed up on the table, and defæcated there. The expression of his face was friendly and his tone of voice gentle, as he now said to me 'Now wipe it up'. I did this; and when the table was clean again, Jack took a black crayon and wrote letters and drew on the table—*the first time* he had written or drawn with any of the crayons during the analysis, so far. He evidently felt that if he were allowed to make a gift of his fæces to me, and I was willing to clear them away, he could feel a greater trust in himself and in me. This, together with my interpretations of his anal wishes and anxieties, was felt as a proof that the contents of his body were not so disgusting and dangerous to me, or to himself, as he had feared they would be. This also brought reassurance about the destructive character of the internalized father. Black marks made by him (and father) on the table (mother's body) could now be felt as good and useful things; he could sublimate his anal wishes in the effort to learn to write and draw.

In the next hour, Jack again undressed and then burnt a lot of paper, stamping the flames out 'to kill them' and 'to save you from being burnt', as he said. Then he sang a song about 'something inside, which will not be denied, which I cannot hide'. He put water on the floor and scrubbed the floor again with a soapy lather, calling himself a 'gutter urchin'. He played at shooting, begged me to 'shoot him dead'; then crawled right under the hearth rug, asking me to walk on him as he lay there. (Needless to say, I did not do this.) After this, he again climbed on top of the chest of drawers, and lay there absolutely still, limp and seemingly lifeless, but with an erect penis, and naked save for the floor cloths which he again arranged over himself. When the time came to leave, he refused to have his legs washed clean—he had blackened them with the wet black paper.

In this hour, we see how he felt he had to attack and kill the burning internalized father's penis, to save me from being burnt by it. It was this which was hidden inside him, which 'could not be denied'. His request that I should 'shoot him dead' and walk upon him, his calling himself a 'gutter urchin', referred not only to himself, but also and mainly to the internalized father's penis, the 'lions and tigers and walruses' which were such a threat to me and to himself. This penis must be killed, burnt up, shot and got rid of, to save me and himself from death. His suicidal aim (to be shot dead and trodden into the gutter) represented this attack upon the lion-father and burning father's penis inside him. In lying 'dead' on the chest of drawers, he acted out the death of the internalized parents and his own death.

Freud (1917) has shown us how the self-abasement, the 'shameless' protestations of worthlessness and longing to be punished of the melancholic, all his 'delusional belittling' of himself, refer not only to the ego, but also to the introjected object: '. . . the self-reproaches are reproaches against a loved object which have been shifted on to the patient's own ego.' This was patent in Jack's abasement and self-blame, and wish for punishment. Unconsciously, he blamed his father for his own destructiveness. In obstinately refusing to have his legs washed clean before going home, he showed that he felt this need for blame and punishment (unconsciously also his blame and reproaches against his internalized dead father) in relation to his actual mother as well as to me; he wanted her to appreciate what he had inside him, and so be warned of her own danger. It was also an expression of his guilt towards me, because he made such a mess in my room, and I had to work so hard to clean it up again.

The next day, he took off his clothes on arrival, urinated on the floor and pretended to 'swim' in the urine. Then he burnt more paper, whilst singing the song about 'smoke gets in your eyes'. He made a great heap of the burnt paper, insisting that 'it must *all* be burnt up' and got rid of. Then he blacked himself from top to toe with the burnt paper, and fished more black (soot, etc.) down the chimney with a broom. He said he was trying to 'clean the chimney' (i.e. his own anus and mine, mother's and grandmother's); but in doing this, he got himself more black than ever. His impulse to clean himself and his objects was ambivalent.

In this hour, we see a regression to anal libido, occurring partly because the boy had had so little chance of satisfying these impulses at the normal time in his ordinary life. But his insistence that the paper 'must *all* be burnt up' and got rid of, and other signs of *anxiety*, showed that these activities were by no means only a matter of libidinal gratification, but were also concerned with getting rid of dangerous inner objects.

The following hour he again undressed, burnt paper and blacked himself all over ; then he asked for the broom again, with which to ' sweep down the chimney '. I interpreted his wish to incorporate (anally) a good penis (the broom to clean the chimney), in order to counteract the evil one, already ruined and made dangerous by his own ' bad gas ' and fæces, and to rid his body of its destructive contents. I linked this wish to incorporate a good penis with the homosexual wishes (shown earlier in the analysis) towards his uncle (as the live father) ; if the uncle was a good father and friend to him, this also meant that he had a good father inside him.

Later that day, his mother told me a detail which indirectly confirmed this. He had been called a ' gutter urchin ' at home one day, after he had muddied himself with the soil in his uncle's garden. I have no doubt that his doing this, like his blacking himself in the analysis, was a defiant and despairing messing of himself, following on the failure of an attempt to do creative and reparative work in the garden, as his uncle was doing. If he finds he cannot garden skilfully and fruitfully, then in despair he messes himself all over, to represent the evil inside, attack and punish the internalized dead father.

A further detail which his mother told me linked with his compulsion to undress. Jack had recently seen a cinema film of little black boys in a sunny climate, naked and swimming and singing merrily. He had been told that sun-bathing would make one strong and well. Moreover, the song he often sang about ' they asked me how I knew my own true love was true ' was sung by a negro in a gramophone record of which mother and aunt were fond. Jack had thus made use of these reassuring notions—that to be naked and black meant being strong and well and merry, and that mother and aunt liked what ' black men ' sang—in an attempt to overcome his dread of the black and dangerous substances, the ' black man ' (dead father) inside him. But unconsciously he had not believed these things. They served only as a means of *denying* his anxieties and unconscious convictions, not of allaying them. And in his unremitting insistence on being naked in the analysis, and going home with blackened legs, he had mocked at those who pretended that naked black boys are happy and well. He felt it to be only a pretence, just as he felt it to be a pretence and a lie that his dead father was happy and sang hymns in Heaven. He felt they ought *not* to be happy and well, if they were black. For him, the ' black man ' inside was a dangerous monster, a lion or a tiger.

The analysis, during the last few days, of Jack's compulsion to undress, and of the reparative element in his homosexual wishes towards his uncle, enabled him to do without actually undressing after this day.

The following week, Jack had again to stay away from the analysis for two days, because his mother had a slight cold. Knowing how great the boy's anxiety was, I then wrote to her urging her to send him if she possibly could. I thought his aunt might have been willing to bring him, if she knew his need. The mother herself, however, then brought him, in spite of her cold (it was over an hour's journey) ; but she let him know that I had urged his coming. He came into the analytic room in an apparently light-hearted way, smiling at me. But when I responded with a smile, he said, in grave reproach : ' *Why* do you laugh ? ' He then broke the arm off a doll, and went on to break every toy in the room which, as later material showed, stood for the analyst and the father. He refused to co-operate with me, or have anything to do with me. Standing in a corner by himself, he talked in a deep cold voice, remote and detached, not to me, but apparently to himself (unconsciously to the internalized father), saying : ' Yes, you *are* a cruel Daddy.' It appeared that if I made his mother bring him to me when she was ill, this led to his projecting his internalized bad father on to me. I thus became a cruel father who could not be of any use to him, either. He then took a bowl of water and tried to pour it down his chest, inside his clothes. When I told him he wanted to punish his father and make him have a cold instead of his mother, so as to save his mother from him, Jack turned the water on to me, trying to pour it down my chest. Doubtless he feared that if his mother came out with him when she had a cold, she would have pneumonia as he himself had had, or tuberculosis like his father, and would die.

The interpretation of these fears about me as a bad external figure, and his anxieties about the cruel internalized father, relieved the boy's mind, so that he could leave in a calmer and more friendly state.

From this point, the analysis worked over more fully the various internal and external situations already described. I was able gradually to link the boy's feelings and phantasies to all these crucial happenings in the external world, and show him much of their meaning. The obsessional need to undress, and the compulsive urination on the floor, had already disappeared. The tantrums and excitement at home lessened considerably, and Jack became more amenable. The treatment was terminated by the mother earlier than I wished it to be, partly owing to the improvement, and partly because of a change of circumstances which made it still more difficult to bring the boy to me. (He had nearly five months' analysis in all.)

External Reality and Unconscious Phantasies

The various external happenings of the boy's life and all the details of his actual psychological environment had to be kept in mind throughout

the analysis, and brought into relation with the phantasies expressed in his play, whenever Jack showed me that these events were active in his mind. And this applied not only to the crucial events of the period I have described, such as the accidents to mother and aunt and the grandmother's operation, but also to the general influence of the emotional relationships of mother and aunt and uncle, with the boy and with one another. As I have shown, the prudish and negative attitudes of the mother, calling his genital 'rudy' and depreciating his manliness, affected the boy's own feelings and phantasies. They were an adverse influence, both in themselves and in what they revealed, to the sensitive eye of the boy, of the mother's own troubles. They contributed much to strengthen Jack's castration anxieties, and confirmed his feeling that his father's penis (both as represented by the external one of the uncle, and as internalized in himself), was harmful and disgusting; and that sexuality was a bad thing. In this way, his mother's feelings about sexuality made it harder for the boy to develop trust in his uncle or confidence in himself.

Above all other facts, however, the central underlying fact of the death of his father had to be brought into relation with the circumstances consequent upon it, as well as with the feelings and phantasies it aroused. As we have seen, the early loss of the father fostered all Jack's phantasies about the mysterious, sadistic and frightening qualities of the internalized father. Such internalization of the parents takes place with every child, as we know. The ordinary partings and apparent loss, the comings and goings, of the father and mother in the ordinary run of everyday life play an important part in the normal process of introjection. But in normal circumstances, the parents who go away from the child and seem to be lost constantly return and are rediscovered day by day and occasion by occasion. Thus, for the infant, seeing and talking to the father, having actual experience of him as an external figure, modify the phantastic quality of the internalized father as well, and render the internal figure less dominant in the mental life as a whole.

In Jack's case, the loss of his father had been absolute at a very early age. His relationship with his uncle as a substitute for his father had done much for him; but it had by no means fully modified in the boy's mind the dominant influence of the primitive and sadistic internalized father.

In the expression of his phantasies in play, Jack also made use of many details of real experience in everyday life, of a sort familiar to every child; e.g. he pretended that everything black or dirty or broken was 'coal' and 'carted it away'. Here he used his everyday knowledge of coal, of what it is and what it does and what is done with it. He used his observations that 'black stuff' can be useful and give us comfort, can be a pleasant sight when it is burning, in order to diminish his fear that fæces are altogether harmful and dangerous, and to increase his feeling that they are 'good' and benign. That is to say, he used his perception of reality as a defence against anxiety and as a means of building up trust in his inner world.

Such universal threads in the actual experience of every child are part of the ready-to-hand material by means of which the ego builds itself up and strengthens certain of its defences. In the actual work of analysis, one has to regard such ordinary details of experience as having a vivid personal and emotional meaning, in the moment when they are used, as they needs must have when the child first discovers them. One has to be able to see the world through the eyes of the very young child, to understand that perception and reality-testing play an important part in the defences against anxiety which the ego employs. (N. Searl (1929) has drawn attention to the mechanism of the 'flight to reality', and shown its operation in many important details.)

It is of vital importance to pay attention to the general conditions and the specific events in the patient's life, both present and past; but I shall now go on to emphasize the conclusion that none of these details of actual experience would carry us very far without knowledge of their precise meaning to the patient himself; in other words, without understanding of the unconscious phantasies which they stir up and foster, or help to neutralize, and the feelings and defences which are associated with these phantasies.

Take, for instance, the boy's first action in the analytic room, his putting the toy engine between two coaches and asking me 'Engines *do* go like this, don't they? You *do* have a coach in front, don't you?' (As I have shown, some of the significance of this was clear to me, in relation to what I already knew of the boy's circumstances. But much more meaning was brought out in later sessions, since Jack often arranged the engine and coaches in the same way, in different analytic contexts.)

The boy knew quite well, of course, that engines, in actual practice, run in front of the coaches and not between them. Thus it was clear that, in his action and query, he denied a piece of knowledge in a symbolic way. In our experience, denial is primarily a defence against anxiety and an attempt to solve unconscious conflicts. What the boy was concerned with was the abnormal situation at home, where one man, his uncle, was between two women, and they were treated in an unequal way by him. Furthermore, this play expressed his protest against his mother's claim that 'ladies go first', and his doubt about her reliability and truthfulness. Unconsciously, he saw in this demand a sign of her depreciation of his manliness

and of his wish for independence, ultimately a sign of her intention to castrate him. One source of this anxiety was his own desire to steal his uncle's penis, incorporating it orally and anally; and this turned his mother into a persecuting rival. Considering again the conditions in which he lived, 'ladies first' also meant that his mother envied the privileged position of the aunt who was really the first lady in the house and came first with the uncle. This fact was of particular importance, because guilt and anxiety are always greatly reinforced if the object attacked in phantasy is unhappy in actual reality.

This brings us to another point of importance. Melanie Klein has found that, in her experience, the tendencies of the boy's inverted Œdipus complex are influenced in quantity and quality if there actually are two women in the father's life. The fact that reality shows that it is possible to dethrone the mother and rob her of the father's love acts as a constant stimulus to the boy's impulses to be her rival and his desires for the father. It gives him ground for the excuse that the mother proved incapable of satisfying the father; on the other hand, it shifts the feelings of rivalry from the mother to the other woman, the interloper, and blends the rivalry with the wish to rescue and avenge the mother. With Jack, the situation was still more complicated and bewildering, since whilst the uncle was actually the aunt's husband, he was yet Jack's father-substitute and should (in Jack's unconscious mind) have belonged to his mother. Thus a situation was created in which both mother and aunt were felt to be intruders, and he, by sleeping with the uncle, deprived and robbed both women. These various interpretations were made to the boy in the relevant contexts and at the appropriate time.

Take, again, the first detail of the boy's response to his aunt's accident: 'I *must not* sing.' Why must he not sing? He had often been told to be quiet, not sing or shout: and before the accident already knew that his shouting could make mother and aunt cross. But he had been singing when the accident occurred, and this proved to his mind that his singing was really destructive, as bad as his shouting, which made 'people's faces black': at this point, therefore, singing became equated with his fæces, the destructiveness of which, as we know, was a particular source of anxiety to him.

This experience is worth while stressing as a fact of general importance. Inherent in ambivalence is the uncertainty as to whether feelings of love or feelings of hate will prevail: ultimately whether the life or the death instinct will predominate. This means that the object of love is felt to be in a precarious state; the haunting question is: can mother (or father) be saved, or will she be destroyed? This doubt may expand and extend from one person to all people, both in the external and the internal worlds. (And, as Freud (1909) has pointed out, to doubt our own capacity to love leads us to doubt everything.)

The subject's feelings about the security or insecurity of those whom he loves—and hence the security of his own life—are determined in part by the degree of his ambivalence. In this struggle between love and hate external events often decide the issue. With Jack, his aunt's accident proved to him that his singing did not (as it had seemed to him to do) express friendly and cheerful feelings, but rather a malign and destructive influence. If we weigh the importance of external against internal factors, we could say that there might have been no outbreak of acute psychotic anxieties in Jack during these weeks, if the series of traumatic events had not occurred; but it would be equally true to say that if (for various reasons) he had had more trust in his love feelings and his internal world, he would have been able to withstand the impact of these events to a greater extent. As it happened, the aunt's fall had a far-reaching effect which involved his feelings about all his family. We must remember that, at the time of the aunt's accident, the operation on his grandmother's eyes was already pending, and had been frequently discussed in the boy's presence. There was no doubt that it weighed much on his mind and caused anxieties and conflicts. In his phantasy, his aunt's fall was an evil portent for his grandmother's operation; if his singing was destructive to the one, it would harm the other as well. (It will be remembered that Jack vividly expressed the deep feeling that he should 'weep his eyes out for Granny'.)

When, therefore, the boy said to me 'I *must not* sing', he was not only repeating an external prohibition, important though this was; he was also expressing his feeling that his mother and aunt and grandmother *needed* from him that he should 'weep his eyes out', and feel sorrow and grief for their suffering. But to 'weep his eyes out' meant both to suffer blindness and to be castrated. He felt he *should* endure this, in order to save his grandmother and aunt pain and injuries. But such a demand, from himself or from others, could only bring the acme of anxiety and despair. As he showed me later on in his play, when he could not bear to assume the part of the grandmother ill in bed but had to make me do it instead, he *could not* accept this rôle, because it meant castration. Castration meant not only loss of his genital and renunciation of all libidinal gratification, but also giving up hope of creativeness in every sense, including the greatest and most important means of reparation.

After telling me, therefore, 'I *must not* sing', he had instantly to deny this internal demand, acting out his aggression in a defiant way, throwing water about and flooding the floor, re-enacting the crash of his aunt's fall, with bravado and exaggerated

enjoyment. If he cannot have the good penis and has no hope of saving his aunt and grandmother without suffering the extreme penalty himself, then the only thing left is to enjoy having a bad penis, to act out both his own aggression and that of the internalized bad father. But a few moments later, guilt again overcame him, and then he had to project the bad father and his own aggressive impulses on to me, reproach me with wearing a new frock when his aunt was hurt and unhappy, and throw wet rags at me to punish and spoil me.

The consideration of the meaning of this one fragment 'I *must not* sing' (a meaning which unfolded itself gradually, and could only be understood in the whole context of circumstances and phantasy) has thus led us to note (*a*) the way in which actual experiences and psychical reality are all the time intimately interwoven; and (*b*) the relation between different defence mechanisms, and the way in which one gives place to another, whether under the onslaught of circumstances, or in response to interpretation and the shift of inner strains and stresses which interpretation brings about.

Main Anxieties

Let us now summarize the main anxieties of the patient.

(*a*) *Œdipus complex*

When Jack began his analysis, his direct Œdipus wishes were strongly repressed and overlaid by his dependence upon his uncle and the inverted Œdipus trends. I have shown how my interpretations of the more obvious meanings of his first doubting question to me (about the engine and coaches), in especial his fear of his mother as a castrator, brought some relief and a strong positive transference, releasing his heterosexual desires. Repression was lifted to some degree, and the Œdipus complex began to come into the open, including the anxieties of castration by the uncle.

At various points ensuing in the analysis, whenever Jack's anxieties were relieved by the interpretations, his direct heterosexual wishes appeared again. It will be remembered, for instance, how he asked me to show him my 'leg and knees', after some of his anxieties about his own flatus and fæces had been relieved and his feelings of guilt and responsibility towards his internalized parents (father and grandmother) and his wish to revive his father and restore his grandmother had been admitted.

I have also shown how the special circumstances of Jack's life contributed to his using his homosexual attachment and submissive feminine wishes towards his uncle as a defence against all the dangers attaching to the Œdipus complex. His emotional dependence upon his uncle would in his situation inevitably have been very strong. He might, however, have been more able to sublimate his homosexual desires and identify himself more fully with his uncle, as a friendly helper in the external world, if his anxieties about the dead internalized father had not been so great. It was these depressive anxieties which kept him subjected to his bodily wishes towards his uncle—these bringing their own acute fears in their turn. He needed so intensely to obtain and incorporate (orally and anally) his uncle's penis, in order to counteract and overcome his dread of the dead father within him. The earliest oral and anal wishes were thus once again operative towards his uncle, with all their attendant anxieties. The lessening of these depressive anxieties in the course of the analysis led to a greater belief in the possibility of incorporating a good penis and of restoring the actual mother, giving her life and babies by means of his own genital. The boy's homosexual wishes were to a greater extent sublimated, and his actual relation with his uncle thereby improved whilst at the same time he could more easily tolerate the anxieties relating to his heterosexual genital aims.

(*b*) *Castration fears*

Jack's castration anxieties were acute and were shown in a variety of ways (e.g. his putting the long line of trucks to represent my genital; his hitting his own head with a truck and falling down saying 'Now I'm dead', after seeing his grandmother's bandaged head.) Sometimes, when his direct Œdipus wishes towards his mother or myself were in the forefront, he feared castration by his uncle. At other times, when the inverted Œdipus situation and his feminine wishes towards his uncle were predominant, it was the women, mother, aunt, myself, who would rob him of his penis, in jealous revenge. At still other times, both parties, the women and his uncle, became persecutors and castrators in his mind. At such moments, his anxieties reached an extreme height, since then he had no good helping figure to whom he could turn for protection.

(*c*) *Depressive anxieties*

Marked as his castration fears were, however, the boy's concern was very far from being only for himself and his own penis or body. He was also concerned about his mother and uncle and aunt. Even before he so plainly showed his grief and distress for his women-folk, he was often sad in mien and tone, when he was not being defiantly cheerful and omnipotent. His first anxious, doubting question at the beginning of his analysis already contained an element of grief and unhappiness. Many details of his play soon showed a deep underlying depression. This was, of course, most marked during the period of the crucial events; but it was there all the time, to a discerning eye. In the course of the analysis it became clear that unconsciously Jack mourned for his father, and

longed to have him back, as a loved person, both for himself and his mother. He missed his guidance and protection, and felt that he himself ought to take his father's place in caring and providing for his mother, of whose unhappiness he was well aware.

That his anxiety and depression referred not only to the actual people in his external world, however, but also and primarily to his internalized objects, was shown in many details: e.g. his drawing of his father's face in the middle of the soapsuds, saying that the soapsuds were his father's 'tummy'; telling me it was his 'own bad gas' which had 'flared up and burnt' and killed his father; burning the bag (representing his own body) which had contained the soldiers; burning up quantities of paper, representing his father's burning penis; singing about 'something inside which cannot be denied, which I cannot hide'; talking to himself (to his internalized father) in the remote way which took no account of my presence: 'You *are* a cruel Daddy'. In his sweeping of the chimney (representing his anus) with the broom, he showed how he wanted to incorporate a good penis in order to expel the bad one already there and equated with his own fæces. This was an expression of his longing for a good father—either his uncle or his own father come to life—a longing which was itself part of his depression.

This internal situation, in which he fears that his feelings of hate and aggression, and his own excrements, endanger his loved internal objects (his 'bad gas' 'flares up and kills' his father) and threaten all sources of good with destruction, is an essential aspect of the infantile depressive position. These early feelings and phantasies had been made active again by the series of distressing events, which seemed to deprive him of the reassurance and help which he so much needed from the external world, in order to overcome the dangers of his internal situation.

When these depressive anxieties were at their worst, the picture became one of suicide. Explicitly suicidal trends were shown in Jack's 'shooting' himself and wanting me to 'shoot him dead'; his lying under the hearth-rug and wanting me to walk upon him there; his lying naked and limp on the chest of drawers (which to him was like a coffin); his compulsive nakedness in the cold weather; his deliberate attempt to pour water down his chest and give himself a cold (like his mother) and pneumonia (which he had recently had).

These actively suicidal tendencies appeared in the analysis when it seemed to him that I was actually a bad person, not only to him but also to his mother; when I seemed to be a bad father who would not or could not help *her* but would smile at or gratify *him*. In other words, when he felt he could only get relief or help or pleasure, or become potent, at the expense of his mother. This was shown when he spoke to the 'cruel Daddy' inside him, completely withdrawn from contact with me, and tried to pour the water down his chest—because I had (as he thought) persuaded his mother to bring him to the analysis when she herself was ill. He showed me clearly, too, that it sometimes seemed to him that the sequence of distressing events at home, happening whilst he was in analysis with me, had come about *as a result* of his analysis—in his unconscious phantasy, because I indulged and seduced him, encouraged his greedy, uncontrollable wishes and brought out all the bad things from inside him.

In these aspects of the transference situation, I represented the evil internalized father who was the true object of his suicidal attacks upon himself. It was this father who was so dirty that he must be called a 'gutter urchin' and treated as one, who was so dangerous (to mother and to the boy himself) that he must be burnt up, shot dead, trampled upon, laid naked in the cold and altogether destroyed. Jack's suicidal wishes were unconsciously directed against this bad internalized father and father's penis.

(When the boy lay naked and limp on the chest of drawers, however, his erection showed that there was a masochistic, libidinal element in this situation of despair and death. His masochism and homosexual libidinal trends were shown in many other ways, too, as I have instanced. The function of the masochistic trends in the suicidal situation is a profound and complex question into which I cannot enter here.)

Regression and Hallucination

Under the stress of all these acute anxieties, certain regressive tendencies in the boy's mental life appeared during the analysis. These regressive trends can be seen at work in many of the details quoted. They were in operation to some extent before the analysis, both in his symptoms and in his emotional relationships to his family; but they appeared most active at certain points in the analysis, especially when the 'lions, tigers and walruses' were hallucinated.

On the libidinal side, there was a regression from the genital to the pregenital level, as certain elements in the play with burnt paper, the biting and 'shooting', the references to 'bad gas', the defæcating on the table, etc., made plain. As regards object-relationships, there was a regression from the less ambivalent feelings of the genital level, with the wish to give love and the effort to keep and restore his loved objects, to the sadism of the anal-urethral level, where hate predominates and the objects of desire become tormentors and persecutors. Furthermore, the phantasied objects themselves (actual persons) regressed to part-objects (parts of persons, fæces and urine).

The picture became one of marked paranoid fears, in which the boy feared for his own life, because of the phantasied attacks on his own inside by the dangerous objects there. The phantasies of omnipotence, when Jack felt that his singing had made his aunt fall and injure her wrist, were so marked that it appeared that his reality-sense was also to some degree regressively affected by his anxiety.

The regressive tendencies in Jack's mental life were, however, seen at their most acute in his hallucination of the 'lions'. This happened on two occasions, when I had either refused to let him undress or urged him strongly to put on his clothes again. His dread of his internal persecutors was so great that he was driven to get them out of himself by undressing and exhibiting his erect genital. My refusal deprived him of the only way in which at the moment (he felt) he could overcome his internal danger. I myself thus became an external persecutor, the internalized 'lion-father' being projected on to me. But then he lost me as a helping external figure, and felt he was endangered from within and without. There were persecutors everywhere. It was at this point that the hallucination occurred. Perceptual reality-testing was overborne by the intensity of his anxieties, and an earlier mode of dealing with inner reality was re-instated. He saw the lions there, as perceptual objects. The dangerous internalized father was first projected on to me, and then hallucinated in the 'lions, tigers and walruses'.

This hallucination may thus be regarded as a regressive phenomenon having a defensive function, against acute persecutory anxieties. The loss of reality-sense was a measure of the boy's emotional stress at the time.

Let us now summarize other defences which the patient used against his impulses and anxieties, and which have been instanced in the quoted material.

Characteristic Defences

(*a*) *Projection*

We have seen how often Jack attempted to get rid of all his dangerous inner objects by projecting them in various ways. His bodily processes (urination and defæcation) were sometimes felt by him to be the means of disposing of his persecutors: e.g. when he defæcated in the lavatory and then felt so sure that I should let him undress, because he had got rid of the dirty and dangerous things from inside him. At other times, he acted this out in some symbolic play.

(*b*) *Denial*

Jack often denied his psychical reality in an omnipotent manner; e.g. in his loud shouting and defiant singing, his assertion that the bonfire was 'lovely', his 'swimming' in his urine, his blacking of his own body, his coming into the room in a blatantly care-free manner, after his aunt's accident, and so on.

(*c*) *Exhibiting*

Jack's undressing and showing his erect genital were closely related to both these mechanisms of denial and projection. In part, as we have seen, taking his clothes off meant getting rid of the bad things from the inside; in part it meant denying that his genital was dangerous. It was also a defence against his castration fears. The libidinal pleasure which going naked and showing his erect genital gave him was used as a means of defence against all these anxieties.

(*d*) *Masturbating*

Much of Jack's play in the analysis was a symbolic masturbation. It is widely accepted that, among other functions, masturbation is a defence against anxiety. With Jack, it was a defence against depressive anxieties, as well as castration fears. For instance, it became clear to me early in the analysis, when Jack made 'Pluto' dance and 'jig about', that this not only represented masturbation, but also his phantasy of bringing his dead father to life again, and letting him have a good sexual intercourse with mother. Reparation tendencies, thus, also played a part in his masturbation.

(*e*) *Controlling*

Much of the time in the analysis, Jack showed his wish to control me, both as an external figure and as representing his inner objects. E.g. when he made me go out of the room first, whilst he shouted loudly at me. In his insistent undressing, too, Jack was controlling and defying me and his mother. In all the burning of paper, stamping the flames out, playing with the electric plug and fire, and many other details, there was this element of omnipotent control.

Reparation and Sublimation

The working out of Jack's aggression and libidinal wishes in play during the analysis, together with the interpretations (i.e. the expression in words of the secret wishes and fears and phantasies) gradually increased his feeling that it could be a good thing to bring secret things out into the open. The boy's guilt about deceiving those who loved him, by having secret greed and hate, secret dead things inside him, was to some extent relieved; and this helped him to feel that he might have good objects and loving people inside him. His compulsion to project what was inside, coming up in the analysis, especially after the crucial happenings in his home, gives us a hint of the great efforts which Jack had hitherto made

to keep the secret evil hidden inside. His easy friendliness and rather defiant cheerfulness, before the analysis, had covered up a considerable depression. All the greater was his relief, when repression was to some extent lifted, at being able to bring things out in the analysis. By this process, his libido was freed and felt to be a support to his ego. This change was interrupted for a time by the severe strain of the traumatic events, which threw the boy back to his early psychotic anxieties.

After these acute anxieties were worked through and analysed, there was, as I have said, much improvement in Jack's difficulties at home, and a steady progress in the analysis itself. He began to feel more confidence in his reparation aims, and there were signs of development towards the sublimation of his libidinal desires. (I have found that these two processes, reparation and sublimation, are always mutually dependent.)

Jack's reparation wishes were shown in many details of the analysis. It will be remembered that he felt his excrements to be extremely dangerous and destructive to other people. His efforts to keep or make things clean (e.g. in putting a towel representing a baby's napkin on the seat of the chair, washing the walls and the floor, representing 'Granny's bottom' and 'Daddy's tummy', sweeping the chimney clean, etc.) must therefore be looked upon as true reparation, which could not be adequately described as 'reaction-formation'. These activities meant much more than being clean; they were ways of keeping his grandmother alive and reviving his dead father. They were bound up with his love and his feelings of guilt towards these loved people. Other instances of reparation were his feeding the toy babies, being the 'sailor saving the babies' from drowning, giving me (his grandmother) 'tea' to drink and little toys to comfort me when I was 'ill in bed', making the dolls in the basin of water (representing the good parents inside himself) have a good intercourse ('they're cuddling each other'), writing and drawing on the table, for the first time, immediately after defæcating there.

Meaning of Symptoms

Jack had made very great efforts to adapt to his restrictive environment, to win the love of his family and keep them happy; hence his 'easy' friendliness and enforced cheerfulness, occasionally tinged with sadness and unhappiness. His relatively normal general state, apart from his specific symptoms, before the analysis, was however a deceptive condition. His depressive anxieties were to a large extent dissociated from the ordinary current of his mental life, and found their only outlet in his two chief symptoms, his violent tantrums and his moments of 'queer' excitement.

I did not see his tantrums in their full violence in the analysis. Jack's anger and obstinacy when I would not let him undress came nearest to his behaviour at home and school, but interpretation prevented the anxiety expressed in the tantrums from reaching its full height. The phantasies underlying the tantrums appeared in a less condensed form in much of Jack's play and many of the analytic situations. E.g. in his attacks upon the evil, castrating, internalized father, burning him, 'shooting' him dead, trampling on him, etc., etc., Jack showed me how, in his tantrums, he was fighting and defying the dangerous father and father's penis inside him, projected on to an external authority. In his tantrums, when he was frustrated by his environment, the boy screamed and shouted louder than his internal father, kicked and bit him, proved himself the stronger, and defied all external compulsions and threats as well.[6]

At times of somewhat less acute anxiety, moments of libidinal excitement, the boy enacted his possession of a good live internal penis—or, rather, his possession *by* such a penis—in his 'fits' of intense excitement, the excitement which was not anger, but was described as 'queer' and uncontrolled. Again, I did not see these 'fits' in the analysis, since the over-determined material which lay behind them was brought out in a less condensed and dissociated form. His doubts about the goodness of this internal penis remained and were, in my view, responsible for the 'queerness' and detachment, the dissociation of his excitement. He had to detach himself from his external world, partly in order not to endanger the external sources of good; but partly, also, not to be robbed of the pleasure which his 'fits' contained, as an expression of the phantasy of a good internal penis, kept secretly inside himself, with sexual feeling.

The psychic content of his 'fits' was entirely repressed. These 'fits' of queer excitement, represented in the analysis, e.g. in 'Pluto's' dancing about, expressed both his libidinal wishes and his desire to revive his dead father. They were linked with his unconscious masturbation phantasies, and were in part a substitute for masturbation, a defence against it.

* * * * *

In conclusion, I wish to say again that the study of this case (*a*) shows how intimately external and internal reality are intertwined in the symptoms, the developmental history and the analytic responses of an individual; and

(*b*) what serious difficulties may be masked by a general appearance of reasonable normality, in a patient whose symptoms might easily be considered normal for early phases of childhood (the

[6] In a former paper (1940) I described other cases in which these unmanageable anxieties about dangerous and frustrating internal objects were dealt with in temper tantrums, and considered the subject generally.

temper tantrums), or relatively unimportant in the whole picture he presents (the ' queer ' excitement).

REFERENCES

ABRAHAM, K. (1924). (*Trans.* 1927). ' A Short Study of the Development of the Libido ', *Selected Papers*, 418.

FREUD, S. (1909). (*Trans.* 1925.) ' Notes upon a Case of Obsessional Neurosis ', *Collected Papers*, III, 376.

—— (1917). (*Trans.* 1925.) ' Mourning and Melancholia ', *Collected Papers*, IV, 158.

—— (1923). (*Trans.* 1927.) *The Ego and the Id.*

GLOVER, E. (1932). ' A Psycho-Analytic Approach to the Classification of Mental Disorders ', *J. ment. Sci.*, **78**, 819.

HEIMANN, P. (1942). ' A Contribution to the Problem of Sublimation ', *Int. J. Psycho-Anal.*, **23**, 8.

ISAACS, S. (1940). ' Temper Tantrums in Early Childhood ', *Int. J. Psycho-Anal.*, **21**, 280.

KLEIN, M. (1929). ' Infantile Anxiety-Situations Reflected in a Work of Art ', *Int. J. Psycho-Anal.*, **10**, 436.

—— (1932). *The Psycho-Analysis of Children.*

—— (1935). ' A Contribution to the Psychogenesis of Manic-Depressive States ', *Int. J. Psycho-Anal.*, **16**, 145.

RIVIERE, J. (1936). ' A Contribution to the Analysis of the Negative Therapeutic Reaction ', *Int. J. Psycho-Anal.*, **17**, 304.

SEARL, N. (1929). ' The Flight to Reality ', *Int. J. Psycho-Anal.*, **10**, 280.

A CLINICAL CONTRIBUTION TO THE PSYCHOPATHOLOGY OF THE WAR NEUROSES [1]

By ELIZABETH ROSENBERG, London

Most of the analytical material published during and after the last war on the subject of war neuroses dealt with relatively gross disturbances. The attention of the authors at that time was rightly directed towards demonstrating the psychogenic, as opposed to physiogenic, nature of ' shell shock '. Concentration on demonstrating the psychogenic character in general, however, was unfavourable to the more refined psychological investigation of the individual case ; usually the purpose of the symptoms—namely to avoid further fighting—was so obvious and so near the surface as barely to merit the description unconscious.

In this war the clinical material seen by psychiatrists is fundamentally different ; crude hysterical reactions are rarer, and anxiety state and depression are the most common clinical diagnoses. It may be because of a lingering memory from the last war that many psychiatrists seek a common ætiological basis for all neuroses in this one. ' Flight into illness ', considered the common cause of all neuroses then, may therefore soon be replaced by ' separation anxiety '. Instead of fear of the battle-field some speak of ' lack of morale and social conscience ', and the moralistic attitude goes so far that a member of this society (Fairbairn, 1943) stated in a recently published paper : ' Perhaps it is small wonder that after acquiring some disillusioning experience of neurotic service men *en masse* I was driven to remark, " What these people really need is not a psychotherapist but an evangelist ".'

The operation of general (group) factors such as lack of morale in the origin of war neuroses cannot be denied ; indeed my experience at a Neurosis Centre has impressed me with the importance of constitutional and environmental factors in bringing about neurotic reactions of a purely escapist type at a conscious or pre-conscious level. However, broad statements about such cases contribute little to our knowledge of the unconscious, and dogmatic statements which suggest that we have little to learn from the war neuroses are based on premature generalization.

Unconscious conflicts are equally important for all, well or ill, and the border line between health and illness is not a sharp one ; but there are great individual differences in the capacity to bear instinctual tension and anxiety. Among military cases there are a great many chronic neurotics who have never been able to stand up to tension and frustration. Analytic investigation of such cases, interesting as it would be at the deepest levels, would yield little information concerning the specific psychogenesis of the current war neurosis. Most men who break down shortly after joining the army belong to this category, and there is no point in labelling them war neurotics at all. Many other cases of apparently acute breakdown also reveal, on psychiatric investigation, that the current neurosis is only a new expression of a lifelong inadequacy. Still, frequent as such observations may be, they do not cover the whole variety of clinical material. There is, in particular, a small, but by no means negligible group of men with *no* previous history of personality maladjustment or inadequacy, who, nevertheless, have broken down after actual battle experience.

The study of such cases has some bearing on another problem ; it is not many years since Freud commented on the remarkable fact that we are even yet not in a position to answer the apparently simple question of why one person develops a neurosis and another not. Analytic

[1] Read before the British Psycho-Analytical Society, March 3, 1943. My thanks are due to Dr. W. S. Maclay, Medical Superintendent, Mill Hill Emergency Hospital, for permission to use the clinical material on which this paper is based.

practice in peace time is mostly concerned with chronic cases or with patients so severely disturbed that neurotic illness appears inevitable in retrospect. It is probably for this reason that Glover (1942) said, in concluding his notes on the psychological effect of war conditions on the civilian population: 'The most fruitful line of investigation will probably lie in the full analysis of minor, delayed and vestigial types.'

The observations to be discussed in this paper follow on this line of thought. They comprise three cases of mild neurosis in previously healthy men. This type of case is easily forgotten by the statistically orientated psychiatrist on account of its numerical insignificance; but it offers to the psycho-analyst, interested in the individual case, material of some importance in regard to general theory.

Conditions of work in a busy Neurosis Centre make full analysis, even in selected cases, impossible; but the wealth of clinical material enables the analytically trained psychiatrist to select outstanding cases for more detailed, though still limited investigation, and to view his findings in the individual case against the background of the general psychogenesis and psychopathology in large numbers of others.

In this paper, therefore, I propose to illustrate some theoretical questions by means of material drawn from three cases of mild neurosis in well-adjusted personalities. The fact that all these men were in the Army explains their admission to hospital—none of them was sufficiently ill to have sought hospital treatment under the conditions of civilian life, and it was only because their symptoms prevented them from fulfilling combatant duties that they had been referred to psychiatrists. None of these men had previously regarded himself as nervous and they had all led lives in which there was little or no objective evidence of serious mental conflict. They were all happily married; they each had a good steady work record; they had all shown ambition, social conscience and a good capacity for sublimation. They had all made a good adjustment to Army life and they had all broken down after definite war experiences—the first after air-raid experiences in this country, the other two following evacuation from Dunkirk. They had also all continued on full duty for at least a year after their experiences prior to admission to hospital.

In spite of the superficial similarities thus implied, it will be seen that these three cases present considerable variation in psychogenesis and psychopathology. Each of them, that is to say, fell ill for a different reason—although, in each case war experiences had precipitated a neurotic illness which otherwise might not have appeared. Does the way in which these experiences were utilized throw any light on the origin of neurotic illness?

Among other questions raised by these cases are the following:—

(1) Is there any justification for recent statements that war neurosis is due to 'separation anxiety' in unduly dependent men?

(2) Does the diagnosis 'anxiety state', which had been given to all these men, imply a similar psychopathology?

(3) Does the aggressive instinct play a specific ætiological rôle in the psychogenesis of certain war neuroses?

(4) What is the psychopathology of the depression so frequently observed in cases of war neurosis?

Needless to say, I do not expect to give definite answers to all these questions in this paper. I mention them as problems to keep in mind in considering the clinical material.

Case 1. Private A., aged 26, was admitted to hospital in March, 1942, complaining of nervousness and insomnia of over a year's duration, dating from experiences in air raids a year before.

A. was the third child of an unsuccessful professional jockey and had earned his own living from a very early age. He had always been cheerful, active and self-reliant and had not regarded himself as at all nervous although he had been enuretic to the age of fourteen, had walked in his sleep and bitten his nails. He was very small, and in his childhood had been teased a good deal because of an unusually large head.

Ambitious, energetic, and somewhat aggressive, he had progressed rapidly in his chosen trade—and by the time he was 24 had been earning between seven and ten pounds a week as the manager of a successful restaurant. . . . His sexual activities had also proved satisfactory, though somewhat lacking in tenderness; he had had successful affairs and had then made a happy marriage at the age of 22. He had one child aged two.

He was called up in May, 1940, and settled down well to Army life. His catering knowledge was soon recognized by his officers and he was congenially employed in the officers' mess, with excellent chances of promotion.

During the winter of 1940–41 he was posted in a town which had some extremely heavy air raids and volunteered for work on a rescue squad. He was knocked over by blast several times, saw many horrible sights, and frequently helped in the removal of maimed and dismembered bodies. He became somewhat anxious towards the end of the blitz but did not report sick. His unit moved to another part of the country, where he remained on full duty. Some time about June, however, he noticed that he was still very tense and restless. He was also sleeping badly and had numerous disturbing nightmares. He reported sick and was given a short period of leave without improvement. He was then referred to a psychiatrist who recommended that he should remain on duty in a

lower medical grade. He showed no improvement, however, and finally, in March, 1942, he was admitted to hospital.

On admission to hospital this man was by far the most incapacitated by his symptoms of the three cases under discussion. He was noticeably tense, anxious and worried about himself. The most striking thing about him was his desire to discuss his difficulties. He said that he had been longing for an opportunity to talk about his problems and to understand them. He knew his illness was psychological in origin and could not understand why he had become ill. To use his own words : ' I could not understand why, after a blitz in which I did a little rescue work, this should affect me in any way, for always since my childhood I had developed a hard, aggressive nature.'

He described dreams which made it clear that his illness had a specific psychogenesis. All his dreams were concerned—not with bombs, bombed places or bombed people—but with aeroplanes and people falling out of them. In particular he described a recent recurrent dream in which he saw a woman in a white dress fall out of a plane and ' float down to earth ' without a parachute. He heard his own voice say ' This one's going ' and then found the woman lying with her legs folded under her, behind a near-by hedge.

Although I was unable to analyse this dream fully, the patient's associations to it, during my first interview with him, threw a good deal of light on the psychopathology of his neurosis.

The most important associations to the dreams were as follows :—

(1) He had been puzzled by the fact that his dreams concerned aeroplanes rather than bombs, but said that he had always been extremely interested in feats of daring in the air, and had been particularly interested in a certain stunt parachute jumper who had finally been killed on an occasion when his parachute had failed to open.

(2) This led him to comment on the fact that he had always been fascinated and frightened by heights. On one occasion he had climbed to the top of a tower to stand on the very spot where a man had recently made a successful suicidal jump.

(3) The position in which he had found the woman—with legs folded—brought two memories. First, of an occasion in his boyhood when he had seen a girl lose control of her bicycle on a steep hill and fall off in a similar position with severe disfiguring injuries. He had helped to call an ambulance but had not dared make further enquiries although he had been very much interested. Second, he recalled that his father had had numerous falls—particularly in steeple-chases—and that he had seen him fall during a race in his early childhood.

(4) While recounting these memories, he said something very important had come into his mind, namely, that his severe anxiety symptoms dated —not from the general experiences during the air raids, which had not disturbed him more than his companions—but from a single incident which had upset him considerably. He had been asked to help remove the bodies of several Dutch airmen who had recently been killed in a crash. He touched the body of one of them and found that it was still warm. This filled him—to use his own words—with ' unspeakable horror '—and it was from this incident that his severe anxiety symptoms dated.

In the very short treatment which followed, the patient continued to show richness of associations and a desire to understand—combined with unusual psychological insight. I will summarize the points of chief importance which emerged and then discuss the case as a whole.

I learned that at the time of these raids he had become very friendly with an older married couple who lived in the town. He had at first been equally friendly with husband and wife, but had gradually found himself on more affectionate terms with the woman, who apparently took a somewhat maternal interest in him. The husband had gone into the Army only a short time before the raids began—and, although the patient was sure there was nothing ' wrong ' in his friendship with the woman, he began to feel a little doubtful about it. He had broken off this friendship shortly after the onset of his symptoms.

He discussed his sexual life freely and without much interpretation connected some former aggressive over-confidence with his earlier feelings of inferiority about his size and his head in a way which would have delighted an Adlerian. To quote again from the account he wrote for me about his illness : ' Now for the sexual side. I rather gather that the sexual instinct is one of the most dominant factors in the average human being. I know it can be the means of expressing one's failings and triumphs. Aggressiveness is one way it can be expressed. I would also say it could express the inferiority complex in this way : the sexual organ can be used as an aggressive force, giving an almost brutal tendency, and so bluff the individual into believing he has not got an inferiority complex ; or it could, in the case of physical defect, tend to make up for the thing which is lacking in the individual.'

It did not appear that his sexual potency with his wife had been affected in any noticeable degree during the course of his illness. On the other hand, his self-confidence in dealing with other men had been materially impaired and he had lost a great deal of his former interest in his work. He felt himself that he had ' lost ' his former aggressiveness—he had also lost a good deal of his interest in the Army and the war—and was very apprehensive about future experiences of enemy action. In this connection his fear was specific. He wrote : ' Now on one occasion I had to come into contact with a

dead airman. My horror was unspeakable on finding that he was still warm. Yet I had handled many bodies previous to this. When I saw the result of the crash, coupled with the terrible cases I had seen during the blitz, it shattered my aggressiveness. Is this a form of cowardice? My thoughts on seeing all this violence turn to myself and my family. I have one horror and one fear during this war and that is the thought of losing a limb.'

The symbolic meaning of this fear is obvious. Its fundamental importance in the precipitation of his neurosis was confirmed in the course of his treatment. The turning point in his illness was reached when in his associations he revived, with considerable emotion, a previously forgotten experience of horror which he described as exactly similar to his feeling on touching the dead airman. This was an occasion in his childhood when he had been helping his father with some ferrets he owned. He had seen that one of the ferrets was suffering from a disease known as 'tail rot', and had been overwhelmed by a feeling of fear and disgust.

During his stay in hospital the patient attended physical training, which was held on the floor of an indoor swimming pool with the instructor standing on the edge of the basin above the class. During the course of his treatment A. frequently commented on the anxiety this situation caused him. He was constantly torn, he told me, between a desire and a fear that the instructor should fall off the edge. This conflicting attitude had also been shown by his previous interest in people (such as stunt fliers) who took constant risks and by his fascination (as shown by his climbing the tower) in fatal falls. When it is remembered that his father had been a jockey who frequently fell, it does not seem unjustifiable to suggest that his attitude towards heights was related to ambivalent feelings about his father. The desire that he should fall represented a death wish in the classical Œdipus situation.

Discussion. The psychopathology and psychogenesis of this case raise many interesting problems. It is of course impossible to know the whole story as the treatment was very limited. It seemed to me, however, that the case provided an unusually clear picture of the re-appearance in adult life of an infantile neurosis at the height of the Œdipus conflict. At the time of the war experiences, he had been involved in an emotional situation which recalled to his own mind his earlier relationship with his parents. The resolution of his infantile situation had not been complete, in that he had shown anxiety symptoms throughout childhood. He had also been left with a mild phobia about heights, and his fear of castration had been overcompensated by an aggressive faith in infallible sexual potency. It was abundantly clear that his main anxiety was related to castration fear. The contact with the body of the dead airman (whatever deeper meaning it may have had) appeared to have re-activated this specific fear—as shown by his conscious terror of mutilation by losing a limb. At the same time, his former solution (namely, over-confidence and lack of tenderness) no longer appeared to be open to him. It is possible that the knowledge that the airman was actually dead—associated as it was with real experiences which constantly emphasized and reiterated the existence of real external danger and hostility—made his former defence of relative omnipotence and lack of fear in relation to other men untenable. We did not reach any deeper guilt concerning his omnipotent death wishes except by inference.

Conclusion. Although this man was clinically the most ill of the three patients under consideration, he made by far the best recovery. His illness was of particular interest because of the way in which his air raid experiences had touched upon unresolved conflicts associated with the classical Œdipus situation. . . . Although—or perhaps some of us might say because—he had throughout his life been accustomed to dealing with anxiety associated with his genital demands, his experiences did not fundamentally alter his most important human relationships. He did not, like the other men I shall discuss, lose any capacity for object relationships. He showed very little depression. His sexual potency was not affected, and, in spite of continued mild anxiety and slight subjective loss of self-confidence, he remained a fundamentally cheerful, friendly and ambitious little man who went back to the Army with the renewed intention of earning promotion.

Case 2. Sergeant B., a regular soldier, aged 26, was admitted to hospital in March, 1942, complaining of loss of self-confidence and undue fatiguability of about eighteen months' duration.

B. was the eldest child and only son of an unhappy marriage. All his earliest affection had been directed towards his father, who after failing in business deserted his wife and children, when B. was eleven years old. B. appears to have been a normal child and could not recall any neurotic traits or difficulties. In spite of his great fondness for his father, he had felt no conscious resentment or grief at his departure and had easily adjusted himself to the new situation.

At the age of fifteen he joined the Army against his mother's wish and had served continuously ever since. He began as a band boy and had played in the Regimental Band up to the outbreak of war. He had received steady promotion and had always been well adjusted to Army life—on good terms with superiors and inferiors—and very much identified with the history and record of his regiment, which is famous for its fighting qualities.

He married in September, 1939, and his first baby was born in June, 1941. His marriage was happy and there had been no sexual difficulties in

his relationship with his wife, who had been living near him since his return from Dunkirk.

He went to France soon after the outbreak of war and his unit went into action after the invasion of Belgium. Although a little apprehensive before going into battle, he found that he thoroughly enjoyed the fighting, using both bayonet and rifle with considerable gusto during the retreat to Dunkirk. He waited on the beach for over twenty-four hours, and was subjected to numerous dive-bombing attacks which aroused considerable anxiety. He was finally rescued, almost the only one of his group of friends to return safely to this country.

For several months after his return he had typical anxiety dreams about dive-bombing which gradually subsided. He did not report sick, however, and continued to get on well in the Army; he was promoted in June, 1940, and was employed as Intelligence Sergeant to the complete satisfaction of his officers up to the time of his admission to hospital.

In about October, 1940, he began to notice that he felt very tired most of the time. His anxiety dreams had vanished and he was sleeping very well, too well in fact, as he never wanted to get up in the morning and also felt that he needed a sleep after his mid-day dinner. He also noticed that he felt less self-confident in his dealings with other men; he often felt that he was being criticized and found it difficult to give orders effectively. He felt mildly depressed, lost his appetite, and began to lose weight. Nevertheless, he continued on full duty, and was expecting to go abroad. He hoped that under conditions of active service his symptoms would disappear. In January, 1942, however, he had an attack of diarrhœa and passed a little blood and mucus. He was therefore admitted to a general hospital for investigation. His lethargy and undue fatiguability were noticed; and after all physical investigations had proved negative he was referred to a psychiatrist who recommended his transfer to a Neurosis Centre.

On admission to hospital he was found to be a tall, thin man, with hollow cheeks and fair curly hair, who was extremely intelligent and co-operative and fully accepted the fact that there was nothing physically wrong with him. He admitted that war had seemed rather senseless to him since his experiences at Dunkirk; on the other hand he denied that this affected his attitude to the Army, since he still regarded himself as a regular soldier who intended to serve his full time and hoped to become a Sergeant-Major or Warrant Officer in due course. There was little depressive content in his mental state, although he gave the impression of being mildly depressed and uninterested. He talked in a rather monotonous voice with little expression. He admitted that he had changed a great deal since returning from Dunkirk. He showed no overt anxiety although he said that he sometimes felt nervous when he heard aeroplanes flying low. He described mild ideas of reference, saying that he had occasionally felt that other men were talking about him or laughing at him. His general attitude, however, was not in any way paranoid.

It was not possible to treat this man by an analytic method. He was seen a number of times, however, and considerable light was thrown on the psychogenesis and psychopathology of his illness. The following were the points of chief importance :—

(1) The loss of his father had, of course, had a far more important traumatic effect than was obvious at the time. He had successfully repressed a great deal of anger and hatred—both against his father for going, and also against his mother for her failure to hold him.

(2) Although he did not admit to any overt homosexual relations with his fellow soldiers, he had had several very close friendships. He also talked a good deal about the leader of the Regimental Band who had taken considerable paternal interest in him during his earlier years of military service.

(3) He felt considerable guilt about the fact that he had actually enjoyed fighting. He had never regarded himself as bloodthirsty or aggressive and had felt apprehensive before going into battle. The fact that he had obtained real gratification during the battle was very disturbing to him.

(4) It also appeared that he had completely forgotten his wife for several days during the retreat to Dunkirk. This seemed inconceivable and alarming to him in retrospect.

(5) He felt both self-reproach and considerable grief concerning the loss of his friends. He felt that he ought not to have come back safely without them. Although on the one hand he felt that his return obliged him to do everything possible for his regiment, on the other hand both his retrospective guilt about his gratification and the loss of his friends had brought about a good deal of conscious dislike of war which he could not overcome.

Discussion. In opening this paper, I commented on the fact that most of the psychiatric literature of the last war was concerned with gross escapist reactions in unwilling soldiers. It is therefore interesting to find that so much guilt and self-reproach should have followed actual combat in a professional soldier. There appears little doubt that, during the campaign, profound changes took place in this man's mental economy, resulting in an enormous release of formerly repressed aggressive tendencies. It is interesting to speculate whether this could be considered as an example of aggression in pure form. Ernest Jones (1936) writes: 'Nevertheless the nosological status of this instinct is by no means clear. Freud holds that the "tendency to aggression is an innate,

independent, instinctual disposition in man", and if the accent is here laid on the word "tendency" no analyst could doubt the statement, since nothing could appear in fact unless there were a tendency to it. More difficult is the question whether such a tendency ever expresses itself spontaneously and in a pure form. That is to say, would anyone, child or adult, ever make an attack with the intent to injure and destroy unless the impulse was either associated with an erotic one, as it constantly is in sadism, or was a reaction to some thwarting or privation that he finds unendurable? . . . It is extraordinarily difficult to detect spontaneous activity of the aggressive instinct in isolation, and I do not myself know of any unequivocal example.' The fact that the patient felt disturbing guilt about aggression which was so thoroughly justified externally as legitimate fighting during a bitter campaign suggests that its significance was complicated. His self-reproach also suggests that a large sadistic element had been present. Two other facts—namely that there was a good deal to suggest strong emotional ties with his friends and that he completely forgot the existence of his wife during the campaign—suggest that this sadism was of a homosexual nature.

Conclusion. Whatever the deeper unconscious aspects of this neurosis, the superficial conflict was clearly between his loyalty to his regiment and his ambitions as a soldier on the one hand and his reaction of guilt and self-reproach to actual battle on the other. It seems clear also that, although there was no evidence of previous neurotic disability, he was predisposed to a neurotic breakdown in that his choice of the Army as a career had been determined by unconscious conflicts and a partially homosexual solution of his Œdipus complex. It must be stressed, in conclusion, that this man was never severely incapacitated by his symptoms, which on the whole expressed the increased difficulty and greater cost of maintaining his adjustment. His subjective feeling of lack of energy and undue fatiguability were due to the consequent loss of free psychic energy.

Case 3. Sapper C., a man of 33, was admitted to hospital in May, 1942, complaining of depression and a feeling that there was something inside him which made him want to cry. His symptoms were of two years' duration, dating from the retreat to Dunkirk.

He had had no previous psychological difficulties. He came from a Welsh mining district. He was one of a number of children and there was no family history of a nervous or mental illness. His childhood had been happy and normal. He had done well at school and had always been active in athletic and social activities. Like most Welshmen he was musical and had always taken part in concerts. After leaving school he had worked in a quarry and had been employed with the same firm for thirteen years. He was skilled at his work and had been foreman in charge of a hydraulic engine for several years before the war. He had also taken a keen interest in social and economic questions and had been secretary of the local Branch of the Labour Party for several years. He had been happily married for eleven years and had two healthy children. He was a strong, well-built man, and had had no serious physical illnesses.

He joined the Supplementary Reserve (a pool of qualified tradesmen) in the spring of 1939 and was called up for active service at the outbreak of war. He went to France with one of the early contingents of the B.E.F. During the winter of 1939–40 he thoroughly enjoyed Army life. He was on good terms with the other members of his unit, took part in various concert parties, did work of a constructional kind in the British Sector and looked forward, with confident anticipation and no anxiety, to active fighting.

His unit went into Belgium at the beginning of the campaign, and being engineers were chiefly employed in blowing up bridges during the retreat. They were subjected to constant and heavy dive-bombing. Early in the retreat a land-mine exploded very near him. Soon, to his own surprise and horror, he found that he was terrified. His nervousness increased rapidly; at the same time he developed a skin condition of his thighs which made it increasingly difficult for him to walk. He began to tremble, and his pitiable state of terror soon became so obvious that his companions took his rifle away from him. His own written description of his experience is self-explanatory: 'The first bridge to be charged was at La Scarpe, then on to a place 7 kilo from Amiens, when my skin was beginning to get raw. During that time and up to the time of leaving, my life was one hell. . . . Near the bottom of Mont Cassel where I was lying on my stomach with fright from the bombing, one dropped quite near and threw me a short distance which resulted in my finding myself crying. From there on I was carried about, until we had to abandon the lorry about twelve miles from Dunkirk.' After the lorry had been abandoned he was unable to keep up with the others, with the result that he sat alone by the roadside in abject terror for nearly twelve hours before he was rescued and brought back to this country.

'After being back a few weeks at Sheffield a telegram came to tell me that my mother was very ill, so I was sent home for two days. I found that my mother had passed away, so I returned back to Sheffield late and was put on a charge.'

His skin condition improved rapidly, he was again graded A1, and remained on full duty. For various reasons, however, he had not been fully employed in his own trade since his return to this country, and, although he had recently passed an advanced course, he had been employed chiefly on routine duties after its completion.

Ever since his return from France he had felt depressed. Although he felt great sorrow after his mother's death he did not feel that this in any way explained his depression. At times he found himself crying without knowing why. He was frightened of air raids. He occasionally found that he felt better after drinking and for a short time drank fairly heavily, but then gave it up. He had felt too ashamed of his symptoms to report sick for a considerable time. At the same time he had lost all trust in Officers and N.C.O.s since his experience of sitting alone by the roadside, followed by the punishment after his mother's death, which he had felt to be unjust. His relationship with his wife was unchanged, and he was not aware of any diminution in his sexual potency.

On admission to hospital he was very much on the defensive ; he was afraid of being regarded as a malingerer and, at first, was reluctant to discuss his experiences. Later he was extremely co-operative. His constant and reiterated complaint was that there was something inside him, causing his depression and making him want to cry. It was not easy, however, to ascertain whether by this ' something ' he meant something added or something lost, since he frequently stated that he had lost something at Dunkirk which could never be regained. The only thing which could help, he said, was the opportunity to do really useful work again as a skilled tradesman.

Discussion. After several interviews I came to the conclusion that the origin of the depression lay at too deep a level to make a limited analytic approach advisable. The patient was chiefly helped by the fact that I supported his desire to do useful work by getting him a suitable posting in his own trade. He also joined in group discussions about general psychological problems with some benefit. In spite of the limited material, however, it seems to me that this case raises many points of theoretical interest.

(1) There can be little doubt that this man's whole history was that of a ' normal ' man in every sense of the word. His previous adjustment to both sexes had been satisfactory, he had an excellent work record and had also shown considerable capacity for sublimation. His patriotism and high morale are also indicated by the fact that he had volunteered for the Supplementary Reserve although he was in a reserved occupation. In addition he had made a good adjustment to Army life before the campaign.

(2) The nature of the traumatic events merits further comment. The exciting incidents appear to have been cumulative. The first event was the near explosion of the land-mine which lifted him off the ground. This appears to have roused anxiety symptoms of a severe kind at the outset. I have elsewhere attempted to relate the traumatic effect of experiences of this type—that is to say experiences in which the individual is lifted or blown over by blast without injury—to a previous unconscious conviction of invulnerability. This man's complete lack of apprehension before going into action suggests that some such mechanism may have played a part in his case. He was, that is to say, psychologically unprepared for his experience of fear. To quote Freud (1926 ; 160 f.) : ' The individual will have made an important advance in his capacity for self-preservation if he can foresee and expect a traumatic situation of this kind entailing helplessness instead of simply waiting for it to happen. Let us call a situation which contains the determinant for an expectation of this kind a danger situation.'

If I understand Freud's meaning correctly, it should be legitimate to explain this man's subsequent reaction of increasing fear and helplessness as a repetition of a ' traumatic ' as opposed to a ' danger ' situation. In this connection the following quotation is also relevant : ' On the other hand, the external (objective) danger must have managed to become internalized if it is to be significant for the ego. It must have been recognized as related to some situation of helplessness that has been experienced. Man does not seem to have been endowed, or has been endowed in but small measure, with an instinctive recognition of the dangers that threaten him from without.' (*Ibid.*, 164.)

The symbolic meaning of the second traumatic event—the removal of his rifle—is obvious. In discussing this incident with the patient, however, it was difficult to be certain how important it had been, because of his complete disintegration by the time it happened.

His feeling that he had been deserted by the roadside was, in his own opinion, by far the worst experience of all. To it he ascribed his loss of trust in humanity, his sense of having lost something and his feeling that he could never be the same man again. The subsequent death of his mother, followed by punishment for returning late, had apparently deepened, confirmed and underlined his sense of loss.

What was the nature of this trauma, following as it did an acute anxiety state, complete psychic helplessness and a symbolic castration, and occurring in a setting of continued helplessness both psychological and physical—it will be remembered that the condition of his legs made it difficult for him to walk—and in the presence of continued and increasing external danger ? Could it be regarded as an approximation to that most dreaded infantile situation in which the individual feels himself abandoned by all love objects and in danger of annihilation ?

(3) It is interesting to contrast this man's reaction with that of Sergeant B. who had enjoyed the same battle. Whereas in Sergeant B. repressed aggression had been liberated, in Sapper C. the appearance of aggression in any form was con-

spicuous by its complete absence. It is interesting to speculate concerning the cause of this failure. How was it related to the unconscious determinants of his psychological unpreparedness for the experience of fear? And to what extent was the danger situation internalized during the critical period? It is obviously impossible to answer these questions without further detailed analytic investigation at a deep level.

(4) In this connection it is also important to remember that C.'s presenting symptom two years later was persistent depression. Most analysts would agree that the typical self-depreciation of melancholia is related to aggression directed towards the ego. This man, however, was not melancholic. He ate and slept well. He was friendly and sociable in the ward and always ready to sing at hospital concerts. He had no difficulty in concentration, and during his stay in hospital attended an engineering course where he worked well and with intelligent interest. Nevertheless he was definitely and persistently depressed; although friendly, he showed little spontaneous pleasure. He was often found lying on his bed on pass days. Occasionally he cried. He continued to complain of something inside him which made him miserable and unhappy.

The psychopathology of this case is not, therefore, readily comparable with that of the type of case referred to by Freud and Abraham in their papers on melancholia. There was not a complete withdrawal of libido, nor was there the typical self-depreciation of psychotic depression.

The depression, nevertheless, was associated with definite object loss, as was shown by his altered feeling towards his fellow soldiers. The mental state, however, appeared nearer to that of the mourner than to that of true melancholia. Melanie Klein (1940) uses another term, which, I think, well describes this man's affective state: 'The second set of feelings which go to make up the depressive position I formerly described without suggesting a term for them. I now propose to use for these feelings of sorrow and concern for the loved objects, the fears of losing them and the longing to regain them, a simple word derived from everyday language—namely the "pining" for the loved object.'

It is difficult to account for this man's illness except in the terms of very early danger situations. It will be remembered that I was unable to obtain any suggestive evidence concerning previous experiences involving psychological conflict. In addition, his complete helplessness—both psychological and physical—during the campaign is highly suggestive. I have no wish to be dogmatic and I realize that the clinical material available in this case is very limited. My own idea of the psychogenesis of this illness, however, is based on the assumption that the traumatic experiences had re-activated the earliest anxiety situations with subsequent helplessness. This helplessness was also related to internalization of the danger situation. The subsequent depression could thus correspond with Melanie Klein's description of the infantile depressive position: 'In short—persecution (by "bad" objects) and the characteristic defences against it, on the one hand, and pining for the loved ("good") object, on the other, constitute the depressive position.' (*Ibid.*) The patient's desire for constructive work could also be explained in terms of ideas of reparation and an attempt to re-create a shattered inner world.

Conclusion. Although clinically the least ill, in that he had no incapacitating symptoms, this man was the most profoundly disturbed of the three cases I have presented. His illness interested me particularly as an example of how vulnerable an apparently completely normal man may be when external experiences combine to arouse his most deeply buried primitive fears.

Conclusions

In this paper I have selected three cases of relatively mild neurosis appearing in men of previously good mental health following battle experiences. Similar cases, although relatively infrequent, are by no means rare: of two hundred soldiers admitted to my ward during the first eight months of last year nearly 10 per cent. were of this type.

It is obvious that in spite of the superficial similarity which made it legitimate to include them in the same clinical group the three patients present very different problems in psychopathology. The first presented symptoms of anxiety associated with phobias of a predominantly genital nature brought about by a re-activation of his Œdipus conflict; the second had reacted with guilt and anxiety after the release of formerly repressed aggressive and sadistic impulses; the third presented depressive symptoms following experiences which appear to have approximated to a repetition of some primal traumatic situation.

It is worth noting, also, that these cases illustrate the fact that the presence of anxiety symptoms, both in childhood and in adult life, is often of good prognostic significance. The first man had shown anxiety and a good capacity for its toleration; the second had shown slight anxious anticipation before going into battle; the third could remember no anxiety at all. The first man made a complete recovery from his acute symptoms, although he was left with his fear of heights; the second improved considerably, although he did not regain his former unquestioning adjustment to a male community; the third showed little real change. Although clinically the least ill of the three, this man had undergone the most profound subjective change.

I should like to offer my own very tentative

answers to the questions I asked in my introduction :—

(1) Is there any justification for recent publications which imply that all war neurosis is due to 'separation anxiety' in unduly dependent men?—It is hardly necessary to repeat that my answer to this question is emphatically in the negative. While there is every reason for indicating that such factors play a part in the appearance of symptoms in men who have shown their inferior capacity to stand average adverse conditions prior to military service, it is ludicrous to suppose that every man who reports sick with symptoms of anxiety or depression after battle experiences is a weakling trying to evade his duty and return home. Such statements, if carried to their logical conclusion, would imply that neurotic illness, following experiences which have been traumatic for the individual, is chiefly due to constitutional inferiorities and hardly worth treating except by moral exhortations and social measures. This would be a *reductio ad absurdum*.

(2) Does the diagnosis 'anxiety state', which had been given to all these men, imply a similar psychopathology?—This is the most common diagnosis given to the neurotics of this war. Many non-analytic psychiatrists appear to believe that the appearance of anxiety is simply an indication that the individual is a constitutionally anxious man, and that the diagnosis is self-explanatory. No psycho-analyst would maintain such a view, and these cases, it seems to me, clearly indicate that anxiety may be a presenting symptom in neuroses of very different psychological structure.

(3) Does the aggressive instinct play a specific ætiological part in the psychogenesis of certain war neuroses?—The second patient illustrates the problem I have in mind. I have seen other similar cases. It would be surprising if the inevitable release of aggressive impulses in active warfare failed to produce more or less pathological reactions of anxiety and guilt. The point of chief interest in the case quoted was that this reaction should have appeared in a regular soldier, whose profession, after all, was fighting.

(4) What is the psychopathology of the depression so frequently observed in cases of war neurosis?—What relation has this question to the preceding one? The second patient, Sergeant B., who felt guilty about his aggressive gratification, was only very mildly depressed. The third man, Sapper C., who was a typical example of the type of depression I have in mind, had conspicuously failed to show any aggression at all. What part did this failure play in his subsequent depression? It is at least arguable, in view of his conscious realization that something had gone wrong 'inside him', that the situation of external danger had been internalized with subsequent retreat to a depressive position. Why this should have happened it is impossible to say. Many cases of depression following war experiences may be due to a similar internalization of aggressive impulses which could not—either for external or internal reasons—be allowed to express themselves in action.

Lastly, what light do these cases throw on the reason why one person develops a neurosis and another not?—Each of these men fell ill, and, I think, had previously remained well, for different reasons. The first had remained well because of his capacity to bear a considerable amount of anxiety concerned with unresolved elements of his Œdipus situation. A specific traumatic experience increased his anxiety until it became pathological, but with little qualitative change in his personality structure or in his capacity for object relationships. The second man had remained well because his chosen career allowed him considerable gratification of his unconscious homosexual impulses. He broke down when battle experiences revealed to him the sadism and aggression underlying his previous adjustment. It is important to note, however, that in spite of considerable subjective change, there was little objective evidence of real neurotic illness and a good deal to indicate that his symptoms were chiefly indicative of the greater cost of maintaining his equilibrium. It is a matter for definition whether such a condition should be diagnosed as a real illness or not. The third case is the most difficult, and I very much regret the impossibility of undertaking full analysis which would, I feel sure, have given invaluable material. The fact that this man, whose previous history offered no clues to potential weak spots, who had no memory of previous anxiety or depression, should have collapsed into such abject helplessness early in the campaign certainly suggests that his normal adjustment had been dependent on a very complete repression of his earliest anxiety situations. To what extent this is true of normal people, it is, of course, impossible to say. From my clinical experience, I am inclined to think that complete so-called normality often has a pathological background.

Although, therefore, I cannot make any general conclusions on the answer to this question, these cases illustrate the fact that normal men may have hidden neurotic potentialities but that external events, no matter how overwhelming, precipitate a neurosis only when they touch on specific unconscious conflicts.

I hope, finally, that I have been able to show that the war neuroses are not without theoretical interest and that, in spite of the limitations imposed by conditions of work, the analytically trained psychiatrist has ample opportunity for applying his special knowledge to the wide range of clinical problems at an E.M.S. Neurosis Centre.

REFERENCES

FAIRBAIRN, W. R. D. (1943). 'The Nature and Significance of War Neuroses', *Brit. med. J.*, **1**, 186.

FREUD, S. (1926). (*Trans.* 1936.) *Inhibitions, Symptoms and Anxiety* (Hogarth Press).

GLOVER, E. (1942). 'Notes on the Psychological Effects of War Conditions on the Civilian Population, III', *Int. J. Psycho-Anal.*, **23**, 37.

JONES, E. (1936). 'Psycho-Analysis and the Instincts', *Brit. J. Psychol.*, **26**, 287 f.

KLEIN, M. (1940). 'Mourning and Melancholia', *Int. J. Psycho-Anal.*, **21**, 130.

CAUTIONARY TALES [1]

By ELLA FREEMAN SHARPE, LONDON

My purpose in this communication is specific and limited. There are two themes. The first part consists of clinical evidence to support what I believe to be a psychological fact, namely that phantasy can be used as an aid to instinct control. The phantasies of which I shall speak are mainly relevant to the Œdipus complex in both sexes. That these phantasies hold within themselves the impress of pregenital stages of development I am well aware, but I am strictly confining myself to actual data supplied on specific occasions when the Œdipus situation was the main theme of analysis. Such phantasies, performing the function of controlling unconscious impulses could be aptly called 'Cautionary Tales'.

In the second part of the paper I submit an inference for discussion, an inference I drew while considering the material detailed in the first part. The inference is that the dangers of infantile sexuality are to be equated with early reality dangers. Such an inference helps to explain the feeling of *mortal* danger we find associated with infantile sexual interests, and so further illuminates the dynamics of repression instituted by the ego.

Hilaire Belloc, fifty years ago, published his joking revivals and parodies of early Victorian children's books. He used the title of one of them, 'Cautionary Tales', for his own verses. Adults have never ceased enjoying what have been called 'those classic imps of delinquency'.

There was Henry who died of chewing up pieces of string, Jim who was eaten by a lion when he ran away from his nurse. Unfortunately he did this naughty trick when he was taken to the Zoo and on that very day a lion escaped from his cage. Rebecca slammed doors, and she slammed once too often. A marble bust fell from its pedestal, knocked Rebecca to the ground and she was killed. Don't chew string, don't run away from nurse, don't slam doors: 'you have been warned!'

Dr. Hoffmann warned children not to play with matches. He told of the dreadful fate of Harriet who got mixed up with the ashes because of her dangerous game.

But the cautionary tale in some form or other has been our companion from nursery days. 'I love little pussy, her coat is so warm; and if I don't hurt her she'll do me no harm.' Not so obvious is the caution in the Bo-peep story. Having lost her sheep she was then cautioned to 'leave them alone', with the assurance that if she did so they would not only return, but would bring their tails behind them.

The great cautionary tale of doctrinal Christianity was a burning hell to which sinners were consigned. Perhaps the *Inferno* is the greatest cautionary tale in verse. The Old Testament is sombre with its cautions of an eye for an eye and a tooth for a tooth.

The cautions are examples of *physical* disasters caused by physical agencies. Harriet is burnt, Henry eaten, Rebecca smashed. Œdipus blinded himself. By mild or horrific example we are warned: the penalty is starvation, maiming, torture, death.

I pass now to clinical data, phantasy as the cautionary tale.

A patient revealed during an analytical hour that he had repressed memories of seeing his mother's pubic hair. I could not on this occasion track the chain of the child's experience that brought about the likeness of the pubic hair to a jungle: whether by a verbal description of a jungle or whether by pictures of jungles in some animal book. However it occurred, the fact was plain in this hour that 'jungle' was the word and the idea with which that repressed memory of pubic hair had become associated.

Some weeks later came the cautionary tale. His little son had returned home for holidays. My patient reported the following: Jack was talking to me yesterday afternoon when we were alone together and suddenly he said 'Daddy, will a lion eat me?' 'Of course not.' 'But how do you know a lion won't eat me?' 'Because lions live in the jungle and a lion won't eat you because you won't go into a jungle.' Or, to put it positively: 'If you go into the jungle you will be eaten by a lion—you have been warned.'

This was a cautionary phantasy the purpose of which was to control the incestuous sexual desire, both father's and son's.

In this category of phantasy as cautionary tale I place imagery given me by male patients of the inside of the mother's body. In deep dark caverns wizards lived who would be dangerous to any adventurers. An expert swimmer's phantasies

[1] Read before the British Psycho-Analytical Society, December 16, 1942.

were of water harbouring stinging fish, or water so filled with seaweed that it would drag on his legs and cause him to drown—another variant of hair symbolism. That is, phantasies of the inside of the mother's body, as a dangerous place, inhabited by an angry father (or penis-father), a place filled with dangerous weeds or stinging creatures, a place of dirt and horror—all can serve this purpose of controlling the unconscious sexual impulses towards the mother. Far from its being a desirable place, the mother's body is repulsive and dangerous.

Certain reality experiences are utilized as cautionary tales, that is, a cautionary tale can originate through actual experiences.

Every boy, we believe, receives a trauma of greater or lesser intensity at some time concerning the fact that his mother or nurse or sister has no penis. The same thing occurs when he realizes he is looking at a blood-stain on a nightdress or sheet or in a chamber or lavatory pan. We think the shock is inevitable because the boy will assume that all bodies will physically resemble his own and, when he realizes that a person is without a penis, he will at once believe it has been cut off. The experience of seeing blood-stains is used as confirmatory evidence of this inference.

But this belief that the mother has been castrated by the father serves the purpose of a cautionary tale. 'What has been done to her, can be done to me.' I have found that the more tenaciously this belief is held the greater the *need* to believe it, as a method of controlling unconscious sexual desires towards the mother, and so warding off the father's castrating reprisal. I recall to mind three men patients in whom this belief was specially adamant.

For differing environmental reasons they were all as very young boys the objects of special devotion on the part of the mother. Of the arousal of precocious sexual feeling in two cases I have no doubt, leading in adult life to sexual inhibitions. In one case the father died before the boy reached his third birthday and the mother's love turned to her little son for consolation. In his phantasy he was the too successful rival, the mother an accomplice. The belief in the return of the avenging father was inevitable. In the second case the mother really used her little son to arouse her husband's jealousy. She said to me herself: 'I expect my boy was upset by my husband's occasional uncontrolled outbursts of fury at him. He was a jealous man and did not like my encouraging the boy to get into bed with me in the morning after he went to his dressing room.' In the third case the baby boy was his mother's devoted possession for a long time before the father, whose office necessitated residence in another country, returned to visit her on a long holiday.

In these three cases, precocious sexual desire was aroused and rivalry with the father raised to a great intensity. The belief that the father was a castrator and the evidence of the mother's genital as a proof acted as the most powerful control over the infantile sexual desire towards the mother and the aggression felt towards the father rival.

The phantasy that the mother has a penis can serve the same purpose. The taking down of railings in front of houses and churches raised great anxiety in one of these three patients. Protection had been removed.

One of these patients told me this story. A friend confided in him that after an absence he had returned to his lover to find there were bruises on her body. He was furious. Why? Not because of ill treatment, such as the young hero felt who stormed the castle to free the princess subject to the brutality of the wicked king and subsequently married her. That is a very civilized story. No, this man was furious because the bruises were made by another than he.

Said one of these patients to me the other day, struggling against the regression to oral and anal phases: 'I believe I dreamt of my father and mother last night. I woke up and said to myself "Œdipus complex" and it was as if the words were a magical way of dealing with them. The dream vanished as if I had *excised* (he paused) I mean as if I had *exorcized* him. Now I'm seeing a film shot, a barred field and the notice "Trespassers will be prosecuted", and now I think of the Lord's Prayer. You ask the father to forgive *your* trespass as you will forgive others who trespass against you.' Then his voice changed and he said quietly: 'I'm forgiving nobody.'

The mother's genital, even when regarded as a castrated place, can be thought of as a trespass made by the father on the mother. The primitive reaction is not fury that she has been hurt, but fury that the rival has successfully forestalled the son.

Another of these three patients as a boy could not allow a stream to flow along the channel in which he found it. He had to divert the stream into a channel of his own making in 'mother earth'.

To return to the theme of the cautionary tale. I believe that such experiences as the sight of the female genital or the recognition of blood-stains can be used as *awful examples* of the fate that befalls the sinner, i.e. to control unconscious sexual and aggressive impulses.

So far I have given examples of cautionary tales from the analyses of men, the following are from analytical material given by women. I have kept the most detailed extract to illustrate a cautionary tale symbolized in the familiar spider phobia.

We have known from childhood that

'Little Miss Muffet sat on a tuffet
Eating her curds and whey,
There came a big spider and sat down beside her
And frightened Miss Muffet away.'

Safety through flight! but no indications are given as to the causes of Miss Muffet's guilty conscience.

The tuffet seems innocent enough, and curds and whey surely innocuous, but the caution is plain enough : ' Don't be a Miss Muffet, don't sit on a tuffet, don't eat curds and whey if you don't want to be found by a spider who will frighten you.'

This is a Miss Muffet's story :

Some years ago on the suggestion of an English doctor an American woman consulted me concerning her intention of undertaking a course of analysis. Two days after the interview she wrote to say she could not afford the expense it would entail nor the time it would take up each day. After an interval of six months, she got into touch with me again. She could now afford the time and the money for a course of psycho-analysis. I gave her the next vacancy.

Her references to the initial interview at first confined themselves to the statement that she had taken a violent dislike to me, a dislike that had in the intervening period remained an active emotion though she had always known too that some day she would bring herself to ask me to analyse her. Naturally during the first months of treatment some of the causes of her violent feeling were brought to light but it was not till a year had passed that she revealed a phantasy that came to her mind on that first occasion. Briefly it was this. She found during our conversation that at moments I became a blurred figure, only my head and face remaining clear. She had to look at my hair in a kind of mesmerized way. An eerie quality pervaded the room. The whole interview became nightmarish. Finally she thought : ' She's like a spider in a web. I'm not going to be caught, she's not getting me.' She was thankful to get out of the house. So Miss Muffet sought safety in flight.

I will give briefly the main phases of the analysis during the hour in which she revealed this phantasy.

My own first deduction was made from the gradual cumulative effect on me of her repetition of the word ' first '. Clearly the theme from the outset was her first interview with me. She referred to it as such straight away. A second reference to ' first ' called forth no special notice on my part. But when it came to a third, fourth, fifth repetition of ' that *first* interview ', I came to the conclusion that unknown to her conscious mind she was struggling to tell me about another earlier and forgotten ' first ' seeing.

It was not difficult to recognize what it was, as the analysis proceeded. An association led her at one juncture to recall a succession of clothes she wore as a child. She had adored a particular muff ; so presumably did Miss Muffet of the old rhyme. She hated specially a pink coat, hated its colour and above all layers of little capes on the shoulders. She did not want capes. She liked fur and at that moment she thrust her fingers through her hair. That is, she had wanted a ' tuffet '. So my deduction concerning ' first ' was confirmed. She was telling me of a repressed memory of a first conscious realization of the hair on her mother's genital, her own ' pink capes ' and her envy of the mother's ' fur '. Suddenly she recalled a memory of hearing someone refer to his mother as a bad wicked woman and she said : ' That's just what I thought you were on that first occasion " a bad wicked woman like a spider ".' Then her mood changed. She began to cry quietly and said in a low voice : ' Oh I'm sorry I didn't come sooner and work my difficulties out with you.' But her crying grew more convulsive, her voice higher as she repeated : ' Oh I'm so sorry, so sorry.' The more she cried about her sorrow, the more vicious she grew until it was with real violence that she pulled at her own hair.

So we had two situations clearly contrasted : the one on which I became the wicked spider, the bad mother, from whom she ran away, and the second on which she wept and attacked her own hair in anger.

Why was I so sinister ? Why was the mother felt to be a wicked woman in that first forgotten time in childhood when she saw her mother's pubic hair ?

Happily I can be more explicit.

Before she came to me for analysis the patient was having analysis from a medical woman, whose Christian and surnames were both masculine in type. She did not profess to be a Freudian nor that she could carry the analysis very deeply. The patient herself thought after a time that a thorough analysis would be more satisfactory. The doctor agreed and suggested that she should come to me. Not really understanding the dynamics of transference, the doctor talked to her simply and in all good faith in consciousness about me. She told her that years ago she had met me in my own house when attending members of my family as a medical practitioner. She had had talks with me on the subject of psycho-analysis. For the patient, with an unresolved father transference on the doctor, it seemed as if she were revealing to her that ' she knew all about me '.

Small wonder the subsequent interview with me was a nightmare.

On the occasion of that first interview she dealt with her rage and jealousy, emotions at the height of the Œdipus situation, by projecting her wicked feeling on to me and by flight. I was her enemy. She was reliving an earlier forgotten experience when she first envied her mother's genital, found it more desirable than her own ' pink capes ', because about that time also she had discovered that it was the mother with the tuffet of hair who got the father's ' curds and whey '. The bad mother was the successful sexual rival. To think of me as a spider was a cautionary tale. Her anger was controlled by the primitive mechanism of projection leading to *her* removal for safety.

But in the interview I have related we see the complementary mechanism at work. Tears and

sorrow accompany rage. The wicked object with whom she was angry is now identified with herself, she pulls her own hair nearly out, whereas before her desire was to pull her mother's out. Swift change from projective to introjective mechanisms is one of the features of this case, in the clear dilemma of how to manage the aggression felt towards the mother whom she loved.

The unbearable, intolerable situation that cannot be assimilated is this final shattering of childhood hopes and illusions. In this case it is the climax of a series of intolerable situations, the breast relinquished to a newcomer, the hoped-for penis that never grew and finally the frustration of the little girl's love for the father.

But the clue to the way out from the rapid alternation of projective and introjective mechanisms lies in the recovery from repression of her actual childhood sexual activities. Outbursts of rage and bouts of self-chastisement subside whenever some fresh and *feared* revelation of the repressed early sexual activity is really made, i.e. early masturbation.

The rhyme of Little Miss Muffet masks a little girl's masturbation phantasy, an incestuous wish. It is given us in the symbolism of muff, tuffets (of hair) and the eating of curds and whey.

The spider symbol in the case I have given is a condensed cautionary tale.

I have given clinical data to support the view that the function of phantasy can be the control of the instinctual drives. Now I proceed to the consideration of cautionary tales that directed me towards an inference.

In the first place the propaganda for all Henrys, Rebeccas and Matildas is designed to warn them against *reality* dangers. Don't play with matches or you will get burnt to death! Keep hold of someone's hand or you will get lost! Don't cross the road without looking carefully to see that no car is in sight or you may be run over! That is, destruction, death is the penalty of disobedience.

But the phantasies I have detailed are cautionary tales concerning not external dangers but the dangers of sexual desire and aggressive impulse. The element *common* to both is the threat of physical punishment and death.

I will give two analytical illustrations showing the interrelationship between external and internal danger situations having this common element of physical disaster. Recalling the nursery fire and the fire-guard in front of it a patient remarked: 'How careful nurse was about your safety! Once a spark came through the wire netting and fell on my comb and made a hole that was always there afterwards. How anxious Nanny was about it! If you climbed about she was nervous you might fall. Too nervous, I thought, always thinking you might hurt yourself or get burnt. She would shout: "Oh, do be careful or you'll fall!" Of course you did fall, but if she hadn't shouted you might never have known it.'

'Might never have known *it?*' 'What?' I think one can translate: 'You might never have known you were doing a dangerous thing.'

We call this a 'screen' memory, the repressed injunction of the nurse being a warning against masturbation. But it is precisely the 'screen' that interests me. It tells of a time when the little girl was assimilating the caution that an external real fire could be a danger to life. It tells that the attainment of belief that fire was dangerous, which meant an adaptation to external reality, was itself inseparable from that process which we call repression. The early masturbatory activities were repressed, the inner fire was treated as being as dangerous to life itself as the real external fire.

Here is another variant of the same theme. A patient recalled how much she used to cough at night. Her chest always needed attention. She was a delicate child. Her mother was always anxious about her health. She needed poultices on her chest very often. Then she added: 'I gave my nurse a lot of trouble too. [Notice that the kinds of "trouble" are undifferentiated.] She warned me not to play with matches, but I didn't believe there was any danger until one morning she came in and found the fringes of the counterpane were on fire. I was frightened *to death* and so was she, but I'd learnt my lesson. I never played with matches again.' A 'screen' memory again, but the 'screen' itself reveals the existence of a dynamic connection between the process of repression of early sexual manifestations and a child's adaptation to an external danger to existence. She hereafter controlled any impulse to play carelessly with matches, through fear. She believed fire could destroy her. I think the repression of her early masturbation was inseparable from her acceptance of the belief in a reality danger to life itself.

I sometimes think we can imagine at the present time a little more vividly the atmospherics of early childhood when the long slow adaptation to reality dangers is being made. For we have lived through and still are living in adult life with a ceaseless propaganda of cautions. Every hoarding, newspaper, shop-window, salvage-bin warns us. The radio speaks continually. We smile, but a sickly smile, at that prig Billy Brown who does what he should in the black-out, for we know the truth about road-deaths. Be careful when you step off the bus! Don't move that covering, it's for your protection! Eat less meat, burn less coal, save your money, join the fire-watchers! It is all translatable into the thousand cautions and admonitions we heard long ago. We adults heed the cautions, act accordingly. We have been warned. Individual and national fates are held up to our horrified gaze. We believe because we know the enemy who threatens our survival.

I think we forget how long is the apprenticeship served before a child can be trusted to board a bus and go to school alone. When he can do that, he *has believed* some of the propaganda concerning certain inexorable facts about reality. For long the child knows nothing about the arch-enemy against whom the mother herself must first take all the precautions to ensure survival, her first and ever present concern for the child. Precautions in due time are succeeded by cautions—whether gradually and wisely given or unwisely is no doubt of immense importance, but the development of a reality sense means, among much else, an awareness of and adaptation to reality danger threatening the body.

But I wish to draw attention to that period of time when it can be of no concern to the child whether the checks on its activities are for the purpose of ensuring its survival or for any other. Controls and frustrations of activities are undifferentiated as to their purpose. A hand is withdrawn if it reaches after a live cinder, a piece of broken glass, an open knife or a paper father wants to read. So it is if it is put into a fæcal mess, or if it plays with the genital. Clothes are removed if wetted with urine, so also if soaked with rain.

As far as the child is concerned, it is a matter of impulses being checked and controlled, those that involve threat of bodily danger undifferentiated from those that give bodily pleasure.

As the child begins to act appropriately to external danger, that is, approximates to a reality adaptation and controls those impulses that would endanger life, the process of repression goes alongside. There remains, however, this basic experience of checks and prohibitions on impulses and activities. A reality differentiation occurs, a separation between internal and external dangers, and in this new situation, the ego, owing to previous experience, now behaves towards its internal sexual and aggressive impulses as if they were as dangerous as the external dangers it is now really afraid of—that is, it represses infantile sexual activities as if dangerous to the body itself, just as it controls impulses that would lead to damage of the body from external dangers.

I have detailed in this paper certain phantasies that I have called ' cautionary tales.' A function of phantasy can be the control of instinct. Such phantasies arise on the repression of infantile masturbation, another aspect of the theme Miss Freud recently dealt with in a paper read before this Society.

I have pointed out that these phantasies, whose function is to control unconscious impulses, utilize *those same injunctions and warnings* that once were implicitly or explicitly given to prevent bodily disaster and destruction.

From this I have drawn an inference, that repression goes alongside the growing power on the part of the ego of an adaptation to external reality dangers, reaching its height at the passing of the Œdipus complex ; that such reality adaptation is inseparable from the internal process of repression. The ego which institutes repression treats unconscious sexual and aggressive impulses as being as dangerous as the now known reality ones, and the energy the ego employs is drawn from the self-preservative instincts. This helps to explain some of the feeling of *mortal* danger associated with infantile sexuality, and some of the anxiety felt by the ego when during analysis the repression of actual infantile sexuality is threatened.

CHARLOTTE BRONTË : A STUDY OF A MASOCHISTIC CHARACTER [1]

By KATE FRIEDLANDER, London

On entering the Brontë saga, we move at once upon highly emotional ground. It has struck me as significant that my attempts to discuss *Jane Eyre* with English friends immediately elicited the question : did I not know of the tragedy of the author's life ? A great many biographers are attracted by Charlotte Brontë's personality, much more than by her work. Although at the present time many libraries are inaccessible, I have nevertheless been able to acquire sixteen biographies, some of them consisting of several volumes. In comparison with this it is interesting to note that during the investigation only five biographies of Dickens came to my notice, though there are plenty of books on his work. This disparity is in itself a point of psychological interest, but much more so when one finds in these biographies ardent disputes about facts which could easily be objectively ascertained. One theme especially is made the centre of attention : most authors agree that Charlotte Brontë suffered and bore her lot with admirable patience and piety ; but there are disputes about what caused her suffering, whether it was fate, the treatment she received from her harsh and cruel father, the loneliness and bleakness of the West Riding landscape, the sadism of her teachers or the horrible life she had to lead in her situations as a governess. Some of her biographers go so far as to hint at the possible loss of some masterpieces, unwritten under these conditions.

We owe the first biography to Mrs. Gaskell (1857), then already well known as a novelist and

[1] Read before the British Psycho-Analytical Society, February 5, 1941.

a personal friend of Charlotte Brontë, who was commissioned by Charlotte's father to write this work. The book appeared two years after Charlotte's death. Soon after publication Mrs. Gaskell was threatened with two libel actions and invoked the fury of the father at whose request she had written the book. Strange that this should happen to a distinguished writer who had striven hard to collect letters and to ascertain facts! Such passages as were considered objectionable were deleted in subsequent editions and the modified book has remained the standard Life, which clearly shows that it was well constructed and that the cause which led to the threatening libel actions was entirely unintentional. Yet, even in the revised edition, a tendency on the part of the author appears which is not compatible with the stating of mere facts. This tendency to paint Charlotte all white and to account rationally for her sufferings must have been the upshot of a strong emotion in the biographer, which also caused the inclusion of the passages whose incorrect and libellous character Mrs. Gaskell had completely misjudged.

What were these much-discussed passages? There is first of all the description of the school which Charlotte Brontë attended from her eighth to ninth year. The bad food, the cruel and indeed sadistic treatment of the children were much insisted upon and made responsible for Charlotte's future development. Considering that most of the mistresses and pupils who were Charlotte's contemporaries were still alive and could have furnished facts, it seems to be a gross mistake that the evidence was mainly based on the description of Lowood orphanage in *Jane Eyre*. Furthermore, Charlotte's father was described as a bigoted, hard, cruel man with frequent fits of temper, who did everything he could to suppress any joy of life in his children. Again, bad and insufficient food, bad housing, etc., were especially emphasized. Evidence was collected from village gossip, mainly from Mrs. Brontë's old nurse, who had been dismissed from the parsonage thirty years before making these slanderous remarks. Another such mistake occurred in relation to Charlotte's brother Branwell; but discussion of this is beyond the scope of this paper.

Apart from these libellous passages, there are also omissions, which are no less significant. Charlotte's homosexual passion for Helen Nussey, which lasted for six years in unabated strength, is toned down to a girlish friendship; no allusion is made to Charlotte's love for M. Héger, which had a decisive influence upon her life.

This is certainly a strange state of affairs. A distinguished writer makes gross mistakes in compiling the biography of an author whose contemporaries are still alive, and omits every circumstance indicative of conflicts and passions in the soul of an artist whose very hold on humanity lies in the emotions and passions displayed in her novels. But Mrs. Gaskell was not alone in showing this prejudice. Subsequent biographers used the allegations made in the first edition and distorted them further, although they must have been aware of the hue and cry after the book had appeared and of Mrs. Gaskell's apology printed in *The Times*.

We may well be interested in the personality of a novelist whose first book aroused an emotion in the public so strong that an unknown spinster became famous overnight, whose novels after a hundred years are still among the classics of English literature and whose influence on the public was such that for a century a great many biographers were involved in hotly disputed arguments to maintain the picture of a suffering saint.

Charlotte Brontë was born in 1816, the third daughter of a Yorkshire clergyman. The only son Branwell was born in 1817, the two youngest daughters Emily and Anne in 1818 and 1820. Soon after the birth of the youngest daughter, their father became vicar and the family moved to Haworth Parsonage, near Bradford, where they settled permanently. When Charlotte was five and a half years of age, her mother died of internal cancer, probably after she had been bedridden for some months. An elder sister of her mother's, a rather severe but kind-hearted spinster, came to take care of the motherless children and stayed there until her death in 1843. At the age of eight Charlotte entered the school at Cowan Bridge, which later became the much-abused orphanage of Lowood in *Jane Eyre*, where her two elder sisters Maria and Elizabeth had already been pupils for six months. During the one year of Charlotte's stay in the school Maria and Elizabeth died of consumption. From her ninth to fifteenth years Charlotte, now the eldest, was at home together with her brother and sisters under the care of Aunt Branwell and a very devoted maid Tabby. During this time her father taught Charlotte and Branwell, and Charlotte taught the younger sisters. At the age of fifteen Charlotte went to school again at Roe Head, where she stayed for a year and a half and to which she returned (after having been at home for three years) as a mistress for another two years. Then, suffering from a nervous breakdown, she went back to Haworth Parsonage. In the following year she had two proposals of marriage, both of which she refused. During the next three years she held three positions as a governess, for a few months each, and stayed at home in the intervals. In 1842, when she was twenty-six, she went with her sister Emily to Brussels to be a pupil in the *pensionnat* of M. and Mme. Héger. With a short interruption caused by the death of her aunt in 1843, she stayed in Brussels for two years, the latter part of the time as a teacher. On her return home in 1844 she did not put into practice her old idea of opening a school but remained at home with her father, who

was threatened with impending blindness. She never left Haworth Parsonage from that year onwards for any length of time. In 1846 she published poems together with Emily and Anne, and shortly afterwards, in 1847, *Jane Eyre* appeared, followed in 1849 by *Shirley* and in 1853 by *Villette*. In 1848 Branwell died of consumption, followed a few months later by Emily and a year later by the youngest sister Anne. Charlotte's life, after the publication of *Jane Eyre*, was divided between her literary activities and her care for her father and sisters, occasionally interrupted by a short visit to London, where she met members of the literary world. During that time she had a third proposal of marriage, which she again refused. In 1852, when Charlotte was thirty-six, one of her father's curates, the Rev. A. B. Nicholls, declared his love for her. She married him two years later, lived with him in perfect happiness for nine months and died in March, 1855, from an illness caused by pregnancy.

Such is the frame-work of Charlotte Brontë's life. Of her emotional life and experiences I am afraid I shall only be able to develop here those fragments which it will be most important to know in connection with the character traits I want to stress.

Nothing is known about Charlotte's early childhood. Her mother seems to have been a very gentle, refined personality; her father, an Irishman, himself had an astonishing career and was a rather erratic person. But he must have taken great care at least in the tuition of his children, certainly in that of his son and also perhaps to a minor degree in that of his daughters. There is a short account of Charlotte at the age of eight at school, where she was known as a clever little girl who was the most talkative of the sisters. This statement is important, because shortly afterwards her main disturbing symptom, extreme shyness in face of strangers, which poisoned her whole life, must have made its appearance. During this year at school an event took place which certainly affected her future development, only in a somewhat different way from what is usually accepted. Maria, her eldest sister, died. I do not share the belief of the biographers that the death of a sister, or even the two sisters, in itself could account for the fact that Charlotte could never afterwards be happy. By using the material presented in *Jane Eyre* as a manifestation of Charlotte's unconscious impulses and by comparing it with the known facts, we might be able to arrive at something like the truth.

Maria is said to have been very clever, very quiet and patient. She started school half a year before Charlotte and was not in very good health, suffering from the after-effects of whooping cough and measles. E. F. Benson (1932), an objective biographer, states that 'Maria was constantly in disgrace, owing to habits common to children who have not sufficient physical control, and was often punished by a junior mistress, called Miss Andrews, in a harsh and excessive manner.' These are the facts from which is drawn the picture of Helen Burns in *Jane Eyre*. Helen Burns, representing Maria, Jane's friend from the very first day she entered Lowood, is the subject of the most cruel persecution. Her misdemeanours are not always clearly defined. She is untidy and has dirty habits. This would indicate too that Maria suffered from enuresis diurna. Helen Burns is misused, beaten, has to stand alone in a class-room, so that everybody knows she has done something wrong and suffers these cruelties without any wish to rebel; she even herself fetches the bundle of twigs with which she is to be beaten. It is this submissiveness and lack of rebellion which outrages Jane and throws her into fits of temper. The whole childhood history of Jane Eyre is preoccupied with the theme of the struggle against inflicted cruelties and a constant repudiation of the attraction of a masochistic phantasy on a deeper level. The more attractive the masochistic phantasy, the more violent the rebellion against the inflicted cruelty.

A very typical phenomenon, which we can usually observe in masochistic patients, occurred also with Charlotte Brontë. She left this school at the age of nine. She had never mentioned anything of her experiences until after the publication of *Jane Eyre*. But apparently every little incident was kept fresh in her memory and burst suddenly forth with passion. From her letters we can see that small occurrences of injustice rankled in her mind for years and appeared then in a somewhat distorted form in one of her novels. It is very significant that Mrs. Gaskell had to admit that Charlotte only once made any allusion to these school-days and then only said that for a certain period the food was bad. But a certain reticence in Charlotte's behaviour and her reluctance to say more convinced Mrs. Gaskell that the account in *Jane Eyre* was in accordance with the truth.

We are inclined to think that Charlotte's emotion in discussing the subject was felt by the person she was discussing it with and aroused the unconscious phantasies of the hearer. We find over and over again that in her letters Charlotte intimates by some remark that she is suffering, though hardly expressing what has caused her state of mind; and the biographer at once speaks of her suffering at that period as a reality caused by her circumstances.

The death of her sister Maria had probably impressed Charlotte in many ways. It undoubtedly revived the feelings of guilt connected with the death of her mother, which occurred at the height of the Œdipal phase. Furthermore, in so far as she identified herself with Maria, it must have impressed her as being the result of 'dirty habits' Apparently she tried to defend herself against the

onrush of feelings of guilt by defaming the school, and especially the mistress to whose persecutions she ascribed Maria's death. But most important for our theme is the likelihood that the event revived an old masochistic phantasy of great intensity, probably connected with Charlotte's relationship to her mother, and the struggle against yielding to this phantasy seems to have been at the root of her constant unhappiness.

An incident in Charlotte's later life shows a repetition of the same conflicts. When she was a mistress at Roe Head, she had taken her youngest sister with her as a pupil. One day Anne caught a cold and started to cough. Although Charlotte was on very good and friendly terms with Miss Wooler, the head-mistress, on this occasion she created a scene in which she behaved quite unreasonably and accused the head-mistress of having caused her sister's illness by her inattention. Miss Wooler had understanding enough to excuse Charlotte's excitement and the difference between them was made up, but Charlotte remained in a very depressed state of mind and six months later suddenly left the school, as she stated in a letter, ' because I cannot bear it any longer '. Clearly it had been on her responsibility that Anne had come to the school and she had been in as good a position to notice her sister's illness (which, incidentally, was really only a cold) as the head-mistress. But again she had to defend herself against her feelings of guilt by means of the accusation against Miss Wooler, to whom she continued to remain hostile.

Charlotte's masochistic attitude and her hostility towards women is shown clearly in her position as a governess. As soon as she enters a new family her letters convey the impression that she is being badly treated by her employer and the children. Her actual accusations are that her employer does not understand her and does not try to do so, that she is not as amiable to her as she appears to be to other people, and sometimes also that she is coarse and uneducated. Charlotte had three situations as a private governess and felt unhappy in each of them, hating to go there in the beginning and always very apprehensive as to her employer's behaviour. The slightest unfriendliness or coolness at once hurt her deeply and as she writes in one of her letters : ' I find it so difficult to ask either servants or mistress for what I want, however much I want it. It is less pain for me to endure the greatest inconvenience than to request its removal. I am a fool. Heaven knows I cannot help it.' All her letters are full of sharp sarcastic criticism of her employers and their children, but she always has something good to say about the man in the house.

I think it is important in this connection to say something about Charlotte's personal appearance and behaviour. She is described as of small, slender stature, with a pleasant though not pretty face, a rather large nose and a somewhat crooked mouth. She was always very neatly dressed and looked a little bit quaint, but very feminine. She was extremely shy and could not talk easily, was very often even unable to answer when she was addressed. Sometimes suddenly, when she was excited, she would break out with all her repressed accusations. It is easy to imagine her behaviour if one knows her novels, because she presents a good picture of herself as Jane in *Jane Eyre* and Lucy Snowe in *Villette*. It is also very easy to imagine how provocative this little person with her clever searching eyes, her constant silence and her suffering expression must have been for her less educated employers, who must have guessed the contempt she felt for them.

It seems clear that the occupation of governess was uncongenial to Charlotte. ' No one but myself ', she writes, ' is aware how utterly averse my whole mind and nature is to the employment.' She did not like children at all and was constantly on her guard to repel their ' rude familiarities ' as she called the demonstration of their affection. Yet from very early onwards it was her plan, to which she adhered with a high degree of tenacity, to call this the chosen profession for herself and her sisters, although educational problems did not play the slightest part in their discussions. But the first possibility of opening a school of her own was rejected, instead of which she went for further studies to Brussels. On her return home she decided not to put her old plan into action, but to remain at home with her father, who was threatened with impending blindness. A half-hearted attempt was made to take some boarders at Haworth Parsonage, but no pupil ever answered the prospectus and the whole scheme was at last abandoned.

Certainly Charlotte's wish to be independent, about which we shall presently hear more, was one factor in her taking up the school scheme so early, namely at about her twelfth or thirteenth year. But it cannot wholly account for the choice of a profession which she consciously detested and for which she had no qualification other than the necessary intellectual capacity. It seems much more likely that unconscious factors played the determining part in this choice. We remember that her masochistic phantasy was revived at school in connection with the death of her sister Maria, with whom she had apparently identified herself. We have also seen how hard she was fighting against yielding to that phantasy, which she felt to be so very dangerous. Nevertheless the attraction of the phantasy was strong, and where could she have more possibility for indulging in it and for living out a sadistic phantasy than in the profession of a school-mistress ? Her constant dissatisfaction and her hatred of her various situations as governess and school-mistress are probably the expression of a defence against

yielding to the masochistic pleasures which were amply provided for her. The attraction ceased to work when she was not to be employed any more, but would be free of oppression and her own mistress. Very important evidence of the unconscious attraction of the teaching profession is expressed in all of her novels. Nearly all the love scenes in her novels take place between teacher and pupil, as if she could not imagine that a passion between a man and a woman could arise out of a different situation. Of course there are important alterations. The teachers are men, the relationship is pleasurable and a sexual one, only occasionally are there scenes in which the inhibition of exhibitionism causes acute embarrassment. The counterpart in life was Charlotte's great and unhappy passion for M. Héger, her teacher in Brussels. The relationship to her father, who we may assume was her teacher and who was certainly the teacher of her brother Branwell, is here interwoven with the attitude of dependence between pupil and teacher as an expression of the masochistic phantasy which probably originated in her early relationship to her mother.

So far I have tried to show some justification for my belief that Charlotte's constant sufferings were the expression of this masochistic phantasy. Her descriptions in her novels of psychic pains, of the effect of injustice and cruelty on a sensitive mind, in short her descriptions of every unhappy feeling and relationship, are very beautiful and genuine. We have also seen that the intensity of this phantasy was such that it imparted itself not only to her friends but also to the public and to subsequent biographers.

But this phantasy forms only one side of Charlotte's personality, that part which, as being an expression of a direct instinctual drive, has impressed itself most on her surroundings. Let us get a glimpse of her character which is somewhat different from the usual picture.

Charlotte did not succeed in reaching her aim of opening a school, not because she was unable to do so, but probably because that aim lost its attraction. But whenever she was a pupil or a teacher she was successful and earned the highest praise for her work. Her intellectual abilities and her tenacity in achieving a task were among the outstanding features of this remarkable personality. Though constantly suffering, or, as we say, constantly having some instinctual gratification of the passive masochistic type, her activity was strong enough to attain positive achievements of a high order. From a very early time, she developed the idea that women should have a profession and not simply wait for a husband. In this conception she was fifty years in advance of her time. She saw two openings for herself: that of literary activity and that of a teacher. We have seen the fate of the latter and I want only to add that the plan of opening a school was always strengthened when her hopes of a literary career were disappointed. Although she never expressed openly her intention of becoming a writer, the school scheme seems to have been a second best.

For the development of her activities, especially her literary career, the relationship to her brother and father and, naturally, the particular way in which she coped with her penis-envy are of paramount importance.

Although more than five years old when her mother died, the only recollection she had of her was seeing her playing with Branwell, her younger brother. I believe that the traumas which decisively formed Charlotte's character were not so much the deaths but the births of her brother and sisters. Branwell, only a year younger than herself, was the only son in a family of six children and the declared favourite of his father, and in him that ambitious man invested all his hopes. He was a very clever and very good looking boy and his education was undertaken solely by his father. When the girls went to school, Branwell stayed at home. There is nothing known about Charlotte's early relationship to Branwell. But between the ages of nine and fifteen she shared day-dreams with him, some of which were written down. They had a country called Angria and their heroes fought there. Charlotte's hero was the Duke of Wellington, with whom she identified herself and who remained her hero throughout her life and occurred over and over again in her novels. Apparently in these day-dreams with her brother Charlotte represented a boy and her relationship to her brother was a homosexual one.

When Charlotte returned from Roe Head at the age of sixteen, these literary activities were taken up again and poems as well as prose works were poured out in great quantity. Branwell still shared her full confidence and wrote himself at great speed. One of the prose-works of that time, *The Spell*, has been preserved and is said to be of no literary value whatsoever. Charlotte always wrote under a male pseudonym, her *nom de plume* being at this time 'Lord Wellesley'. When twenty, she sent a poem of hers to Southey, then Poet Laureate, for criticism, while Branwell at the same time asked the opinion of Wordsworth. His letter was never answered at all, whilst Charlotte, who had for once abandoned her pseudonym, got a very discouraging reply, containing the remark that 'literature cannot be the business of a woman's life'. She commented bitterly on this phrase in her letters and stopped her literary production altogether. During this time the school scheme came into the foregound. Only four years later did she start writing again, and then she sent the beginning of a Victorian novel to Wordsworth. Again she was discouraged and in her answer to Wordsworth's letter, who seems to have alluded to the author as probably being a woman, ironically and very cleverly evaded the question, stating

that the sex of the author was no concern of his. Again her literary activities stopped entirely and the school scheme was taken up until as late as 1846, which was nearly two years after her Brussels experience.

At that time certain events had happened which must have worked together to free Charlotte's talent. She had been passionately in love with M. Héger, a married man, and for two years afterwards she was miserably unhappy. But this experience alone was not sufficient. A novel which she then wrote (*The Professor*) was only published after her death and does not yet show her particular quality of writing. Probably the fate of her brother Branwell was more important. He had not fulfilled the hopes which he had promised. Having been unsuccessful in writing, he developed an interest in painting, and there was a plan that he should be sent to the Royal Academy in London. A portrait of his three sisters, which he painted at that time, is in the National Portrait Gallery. It is not known why this plan did not succeed. But instead of going to the Academy he became a clerk in the Manchester Railway, and this incurred Charlotte's bitter criticism and sarcasm. He began drinking; once more he had a position as a tutor, but was dismissed on account of an attempted love affair with the wife of his employer and returned home, in 1846, where he led an idle life, drinking and making scenes and becoming generally unmanageable. He died in 1849 of consumption. Charlotte showed her contempt openly and, although she was his best friend and companion, sharing all his literary activities as long as he was still brilliant, she hated him now so much that through these last years of his life she did not even talk to him. But it was when Branwell's decline and her separation from him had taken place that she started to write again, this time successfully.

The immediate starting-point was that by chance she found in her sister Emily's desk a collection of the most startling poems. Although Emily was deeply wounded by this intrusion into her privacy, Charlotte succeeded in persuading her to publish them, as the gentle Charlotte always imposed her will successfully on her sisters. And now she did something which is utterly mysterious if ulterior motives are not taken into account. Instead of publishing Emily's poems alone, she made a collection of Emily's, Anne's and her own poems. One cannot doubt Charlotte's critical faculties for a moment. Even if she had lacked objectivity towards her own work—she had no poetical faculty—she must have been aware of the inferior quality of Anne's production. By this act she entirely crushed any success Emily's very beautiful lyrics might have had and we can assume that that was her unconscious wish. Only two copies of the collected poems, which were published under the names of Currer, Ellis and Acton Bell, were sold.

But this disappointment did not stop her literary activity any more. The sisters set to work again and Charlotte wrote *Jane Eyre*, which was published in 1847 and which made Currer Bell immediately famous. Even after the great success of her novel she took great care to keep her pseudonym and she was furious whenever there was any discussion as to the sex of the author.

Apparently Charlotte, with all her expressed femininity, considered writing to be a male activity. Rational reasons alone cannot account for her emotional outbursts if she was identified as a woman, certainly not after *Jane Eyre* had conquered the public. After all, Jane Austen was in high esteem at the time. This behaviour is inconsistent with her rational views on the ability of women and her claim for equality.

We have seen that her literary activity was very closely linked up with her relationship to her brother. She shared this activity with him, phantasying that she was a man too. Her contempt for him when he was weak appears as contempt for an individual who has lost his manliness and with whom she could therefore no longer share her phantasy of being a man. While formerly the identification with her brother seemed all-important, it looked now as if his loss of manliness had given her the power to fulfil a masculine task. The identification was too easily disturbed by the disappointments which reminded her of her femininity. Her contempt for her brother was shown in such a demonstrative way that one could think she wanted all the time to assert that it was *his* fault and not *hers* which had made him destitute. We have seen this defensive mechanism at work in her hatred against women whom she accused of being guilty of the death and illness of her sisters.

We get some confirmation of the conception of her castration-wishes against her brother from her attitude to brother-figures in novels and in life. St. John Rivers in *Jane Eyre*, the curates in *Shirley*, the admirers of Ginevra Fanshawe in *Villette*—all these she treats with contempt, sharp irony and sarcasm, as impotent and ridiculous individuals of whom she is the master. In reality she had a very happy time for a year amusing herself at the expense of one of her father's curates whom she called Cclia Amelia on account of his womanish appearance.

But from the relationship to her brother alone the phantasies connected with her penis-envy do not become clear. We only see that as long as she was sharing his phantasies she was unproductive, but that his decline freed her or aided her in the desexualization of a masculine activity, while at the same time she lost her brother as a love object. We can furthermore suspect the strength of her castration wishes from the way in which she had to defend herself against her feelings of guilt.

We get further information about Charlotte's

phantasies connected with her penis-envy from her relationship to her father and to father-figures. On the whole one does not hear much about her relationship to her father. The reason can probably be seen in the fact that she is very reticent about her life with her father and covers up her dependence on him under her sense of duty. It is taken for granted in literary circles that her male heroes, especially Paul Emanuel in *Villette*, are formed after the image of M. Héger. Certainly. But what force drove Charlotte to fall hopelessly in love with a married man of her father's age, who had never made her even the slightest advance? We can see other intimations of the stormy power which forced her to repeat the Œdipus conflict so openly in her relationship to the families in which she was governess. I have already mentioned that she always expressed contempt for the wife and children and admiration for the man.

There is one item which I am inclined to think very significant as evidence of her still sexualized relationship to her father. The first intimation which we get of her awakening love for M. Héger is expressed in a letter which she wrote when she had returned to Brussels after the death of her aunt, who had been a mother-substitute for so many years: 'I returned to Brussels after aunt's death against my conscience, prompted by what then seemed an irresistible impulse. I was punished for my selfish folly by a withdrawal for more than two years of happiness and peace of mind.' It seems likely that her aunt's death revived the conflict about her mother's death, which we can assume to have been feelings of guilt on account of her Œdipus wishes. She fled from the temptation of living alone with her father and acted out the whole conflict with the professor in Brussels as a less dangerous object. Not only did her love for M. Héger then start, but suddenly a sharp hostility developed towards his wife, with whom she had been on very good terms before; there were allegations that Mme. Héger was persecuting her in the most elaborate manner. There is some evidence of jealousy on Mme. Héger's part after Charlotte's departure, when she wrote love letters to M. Héger; but the picture of Mme. Beck in *Villette* seems at least exaggerated and influenced by paranoid ideas. I am fully aware of the fact that the direct Œdipus conflict was a superficial layer behind which the old and very strong attachment to her mother was hidden. Her hostility against women was strengthened by her wish to defend herself against her homosexual wishes and the old masochistic attachment breaks through in the suffering to which she feels herself exposed in her relationship to these women. But in the present context I want to stress a peculiarity in her relationship to these beloved father-figures and I want to demonstrate it by examples from her life and novels.

I have assumed that Charlotte was driven away from her home after her aunt's death by fear of the revival of her old sexual relationship to her father. But when he was threatened with blindness she remained with him, although that meant giving up her school scheme. Various signs show that it was not her sense of duty alone which then kept her in the parsonage. I think we can get an inkling of what her father's blindness meant to her from her unconscious admission of it in *Jane Eyre*. Jane loves Rochester with a passion which is a mixture of a passive masochistic devotion and an active wish to master him. She leaves him when she hears about his first marriage and comes back, called by a spiritual voice, after Rochester has become blind and has lost his right hand through an act of his insane wife. These are Jane Eyre's own words: 'Mr. Rochester continued blind for two years . . . perhaps that was the circumstance which knit us so close. For I was then his vision, as I am still his right hand. Literally I was (what he often called me) the apple of his eye. He saw nature, he saw books through me.'

Another example from *Villette*, which I will again quote *verbatim*, will show another aspect of a man's impending blindness and will enable us to construct the underlying phantasy.

The professor, Paul Emanuel, is in a very bad mood and nobody dares to come near him to give him a message. Lucy is sent as a last resort. She enters the class-room in fear. She ventures eventually to get near the desk. Close to him she is not afraid any more. She gives her message. He will not hear. She lays his bonnet on the desk. He will not obey the summons she has to impart: 'Knowing well it would *not* do, I gently pushed the bonnet towards his hand. Thus impelled, it slid down the polished slope of the varnished and unbaized desk, carried before it the slight steel-framed "lunettes", and, fearful to relate, they fell to the estrade. A score of times ere now had I seen them fall and receive no damage—*this* time, as Lucy Snowe's hapless luck would have it, they so fell that each clear pebble became a shivered and shapeless star.

'Now, indeed, dismay seized me—dismay and regret. I knew the value of these "lunettes": M. Paul's sight was peculiar, not easily fitted, and these glasses suited him. I had heard him call them his treasures: as I picked them up, cracked and worthless, my hand trembled. Frightened through all my nerves I was to see the mischief I had done, but I think I was even more sorry than afraid. For some seconds I dared not look the bereaved Professor in the face; he was the first to speak.

'"La!" said he: "me voilà veuf de mes lunettes! I think Mademoiselle Lucy will now confess that the cord and gallows are amply earned; she trembles in anticipation of her doom. Ah, traitress! traitress! You are resolved to have me quite blind and helpless in your hands!"

'I lifted my eyes: his face, instead of being irate, lowering, and furrowed, was overflowing with the smile, coloured with the bloom I had seen brightening it that evening at the Hôtel Crécy. He was not angry—not even grieved. For the real injury he showed himself full of clemency; under the real provocation, patient as a saint. This event, which seemed so untoward—which I thought had ruined at once my chance of successful persuasion—proved my best help. Difficult of management so long as I had done him no harm, he became graciously pliant as soon as I stood in his presence a conscious and contrite offender.'

The blindness seems to signify that by the action of the woman the man loses his manliness, becomes castrated. At the same time this action forms a firm union between man and woman which cannot be dissolved any more. Now it also becomes clear in what way the impending blindness of her father fitted into Charlotte's phantasies and therefore knitted her closer to him.

Her behaviour in life towards such men was not very different from that of the heroes in her novels. Thus, she admired Thackeray very much and he was favourably impressed with *Jane Eyre*. The first meeting took place. Charlotte was so shy that she was not able to talk and the acquaintance ended in disappointment. She said in a letter afterwards that the effort to talk was torture. She chiefly listened and found his talk cynical, harsh and contradictory. Next time she met him her shyness seems to have worn off. She wrote to her friend Ellen: 'He made a morning call and sat about for two hours. Mr. Smith alone was in the room the whole time. He described it afterwards as a "queer scene" and I suppose it was. The giant sat before me: I was moved to speak to him of some of his shortcomings, literary of course: one by one the faults came into my mind, and one by one I brought them out, and sought some explanation or defence. He did defend himself like a great Turc and heathen; that is to say the excuses were often worse than the crime itself. The matter ended in decent amity; if all be well I am to dine at his home this evening.' She did dine there, and Thackeray, who was apparently very much looking forward to presenting this sharp and brilliant little lady to an illustrious set from London literary society, was bitterly disappointed. Again she did not talk, was not to be roused from her stupor and left early.

Of more importance to her was her attitude to the man whom she afterwards married. The Reverend Mr. Nicholls, a curate of her father's, had known her for eight years when he came into her room one afternoon to declare his love. From a letter to Ellen: '. . . His manner you can hardly realize nor can I forget it. Shaking from head to foot, looking deadly pale, speaking low, vehemently yet with difficulty he made me for the first time feel what it costs a man to declare affection when he doubts response.' She promised an answer and wrote a refusal next day, after having had a frightful scene with her father, who was most insulting about his curate, whom he otherwise highly respected. Owing to the hostility of Mr. Brontë, which it is quite interesting to note, the situation grew intolerable for Mr. Nicholls, and he made up his mind to leave for good. Then an incident happened for which it is again best to quote Charlotte's own words: 'It seems as if I were to be punished for my doubts about the nature and truth of poor Mr. Nicholls' regard. Having ventured on Whit Sunday to stop to the sacrament, I got a lesson not to be repeated. He struggled, faltered, then lost command over himself, stood before my eyes and in the sight of all the communicants, white, shaking, voiceless. He made a great effort, but could only with difficulty whisper and falter through the service. I suppose he thought this would be the last time, he goes either this week or the next. I heard the women sobbing round, and I could not quite check my own tears. What had happened was reported to Papa . . . it excited only anger and such expression as unmanly driveller.'

From this moment Charlotte had made up her mind to marry him and in time she managed a very interesting compromise. She soothed her father by arranging that Mr. Nicholls should stay in Haworth Parsonage and that he should take over most of her father's duties. So she had to leave her father only for her short honeymoon and she then experienced what she herself called the only happy time in her whole life, being wholeheartedly devoted to her husband and living only for his health and comfort. She emphasizes his motherly care for her during her last illness.

I think that the phantasy which is the basis of these incidents in her real life as well as of her creation in her novels may be interpreted like a similar one which Fenichel (1936) describes. The man becomes irresistible after he has been robbed of his manliness, while the woman herself becomes the penis, the instrument without which the man cannot exist any more. The woman becomes 'literally the apple of his eye'. This phantasy, which we may consider a driving force in Charlotte's activities, has of course pregenital forerunners: there is for instance her strong exhibitionism, the inhibition of which was so tormenting to her. The phantasy 'the apple of his eye' also allows the development of feminine wishes, as the woman becomes the instrument of a strong man: in her short married life Charlotte was very happy and satisfied.

Now one can understand that the relationship to her brother was disturbed when he failed in life. He was no longer the strong man whom she helped to write novels. She regarded his failure as a result of her castration-wishes and reacted to it with feelings of guilt, at the same time losing him

as a love object. In order to have a satisfactory relationship to a man—either in phantasy or in reality—it was necessary for her that the man should remain strong and powerful in spite of her castration-wishes. The interruption of her phantasy with her brother must have helped her at least partly to desexualize her literary capacity.

If we link this phantasy with the masochistic phantasy already described, a very interesting picture results: the personality of a mild, gentle woman who is able to impose her will at all times. I believe that the attraction of Charlotte Brontë's novels for the public is to be found in their passionate expression of these very phantasies.

I hope I have shown that the personality which now emerges before us, the personality which was hidden behind the suffering, shyness, gentleness and piety, behind the very feminine attire, is somewhat different from the first impression conveyed by most of her biographers. We see now a woman with what one usually calls a masculine brain, very clever, very sharp, with a high degree of critical faculty and a great tenacity in achieving her aims, who is able to impose her will, gently perhaps, on her whole environment, on her sisters as well as on her father, on women as well as on men, a woman who, quite by herself, living most of her life in an isolated village with very little social contact, has succeeded in becoming famous.

Whenever the theme of the so-called masochistic character is discussed, the difficulty arises of its great variety of types. In my experience, this combination of masochistic phantasy, father-fixation and special development of penis-envy is by no means rare; the result is a typical and interesting personality. In recent years I have analysed three female patients with a similar psychic structure, of whom one, by the way, was a very gifted artist. To summarize this type in a few words, I would say that under cover of acute sufferings and difficulties a masculine activity can be carried out. It depends of course on the degree of desexualization of this activity how far these women are really successful in their achievements. We have here a series ranging from the mere aggressive impulse to rob the penis to the positive value of a Charlotte Brontë. It might perhaps be more correct to call such personalities phallic characters with a masochistic phantasy rather than masochistic characters.

I am fully aware that I have presented a lot of material and by no means a full theoretical explanation. But if I should have succeeded in giving a picture of the type of character that Charlotte Brontë seems to me to represent, that and no more has been my object.

REFERENCES

Benson, E. F. (1932.) *Charlotte Brontë.*

Fenichel, O. (1936.) 'Die symbolische Gleichung: Mädchen = Phallus', *Int. Z. Psychoanal.*, **22**, 299.

Gaskell, E. C. (1857.) *Life of Charlotte Brontë.*

SHORT COMMUNICATIONS

THE IDEA OF A CHANGE OF SEX IN WOMEN

By S. H. FOULKES, London

In a number of women patients the idea of being transformed into a man was of outstanding importance. Every analyst must be familiar with this phantasy, but it does not seem to have received the attention it deserves. We are in the habit of considering it as an expression of a desire to compensate for or deny the absence of a male organ, which is frequently regarded as a castration.

In the cases which I am about to describe, however, the matter was not so simple. The event of the change itself filled them with horror and disgust. Some wanted it to be brought about artificially by an operation, in order to get rid of the dreaded phantasy. Finer analysis, which was possible in these cases, brought out a rather astonishing fact: the patients considered themselves possessed by a male principle, a man, or, more concretely speaking, a penis inside themselves. To this they attributed dangerous and horrifying qualities. It will be understood that I refer to unconscious formations revealing themselves under analysis, but there could be no doubt as to the validity of the observations. I say observations because interpretations scarcely entered into it. A point of special interest seemed to me that the incorporation of these phallic images served as a protection against them, a true incarceration. The frightening element in the threatening change of sex lay precisely in the fact that these phantasy organs had thus to be revealed, to come out into the open and be set free. Further analysis showed that the underlying anxieties and feelings of guilt were connected in the usual way with infantile masturbation and the Œdipus complex. This, as well as their pregenital foundations, does not interest us here and we shall not enter further into it. My present purpose is merely to show the existence of this transformation phantasy

and to see what analysis can contribute to the understanding of the nature and meaning of it.

In the following case histories I shall confine myself to the communication of the general background and of some details relevant to our theme.

Case 1. This patient had suffered from severe attacks of asthma for the last six years. She had one or two attacks almost every day and almost invariably one at night. She had to have injections every time, which at night were given by her husband. Sexually she was completely frigid towards him. After a few months of analysis these attacks had, under the influence of a strong sexual transference to the analyst, almost ceased. During that period she ' fainted ' twice towards the end of the session, though she still understood what was being said to her. These attacks stood for a masochistic surrender to the analyst. She was left under the care of a secretary until she had recovered and could leave the house. Slight paranoid features began to appear in transference. After a holiday interruption, during which the patient had experienced a set-back, though without a marked increase in the number of her attacks, she presented a totally different picture. She had developed outspoken paranoic ideas, in particular as regards the analyst. She suspected him of having been in her bedroom at night. He might have taken a missing map which had been given to her by her brother—perhaps he was a spy. The brother had told her to destroy the map in the event of an invasion. She had typical ideas of reference as regards other people's actions. When the analyst lit a cigarette, she saw in it a hint that there was something wrong with her black-out—again a sign that the analyst must know her house, etc. At this period the patient appeared one morning, very excited, and told me that she had written to the doctor (her usual physician). She knew about the operation which we were planning and, if it had to be done, she would be prepared for it. She would rather have it over, she only wanted to be told about it. It turned out that, by this operation, she was to be changed into a man. It was all very mysterious and uncanny, but she was ready to accept it if it was necessary for her cure. We cannot go into this case further here, although it is very interesting from other points of view as well. It seems worth noting, however, *en passant*, that the attacks of asthma were replaced by a mental equivalent of a psychotic (paranoid) nature. I believe this to be of the essence of such semi-organic disturbances. They are, as it were, psychotic conversions, not merely pregenital ones. (Cf. Meng's ' Organ-Psychosis '.) It remains to be said that, although there was a Lesbian note in the patient's type, her libido was very definitely directed towards men.

Case 2. We need not go into the case history of this patient. It was a typical hysteria and she made a very successful analysis. She was haunted by the idea of turning out to be a man. She fastened on to the notorious newspaper stories of people who, having been brought up as women, are suddenly discovered to belong to the male sex. Ideas of operations played a big part here also, in connection with the genital region as well as in connection with a carcinomatophobia of the breast. The cancer represented a malignant penis inside the body. The change of sex was a ' horrible idea '.

Case 3. In this patient's obsessional fears and impulses the fear of suddenly losing control in public played an important part. She might shout out in a cinema, for instance, and thus prove to be mad. She might attack and kill ' someone '. That ' someone ' was essentially her mother. She might kill her with an axe. She would never do this when she was aware of things, but what if she did it while she was not conscious ? She was often in a panic lest she might have done it and not know that she had. To be mad was to have epileptic fits —a connection derived from her family history. But her cousin, who had epileptic fits, also masturbated, in her presence, with her sister and herself, and orgasm was identified with a fit of that kind. Again, it meant dying. The primal scene between her father and mother was conceived as an act of extreme mutual sadism, her father attacking her mother, but dying in the act. He had really died ' because of these things '. The patient's fear of being sick in public clearly resolved itself into a fear of masturbating in public. But, more precisely, it stood for having an ejaculation like a man. This was at first difficult to understand. After her father's death, the daughter (my patient) had been terribly afraid that her mother would ask her to take her father's place and satisfy her. Her father was altogether a ' bad ' man, oversexed, a drunkard, violently given over to his murderous lusts. She hated her mother but was strongly fixated on her. The patient, by the way, is of outstanding intelligence and made an excellent recovery. She entered into a fully satisfactory relationship with a man whom she is likely to marry. Before her analysis she had been seduced by a much older man, with whom she had intercourse once, remaining absolutely frigid. It had not meant anything to her.

In one of her dreams she was in charge of a young man. It was he who threatened to get out of control and kill people. Killing people meant at the same time attacking them sexually. In this case, indeed, the sexual interpretation proved of crucial significance in the classical way. She thus turned out to be made out of two sexes. She had a man inside herself who might get the better of her and break out of her. He stood for all her passionate and violent impulses. The impulses

ascribed to the 'man' were a complete reflection of her own, not male, but female instincts. The man was her id. Her strongly pronounced ambisexuality was not the expression of her biological but of her psychological bisexuality. She had another dream in which she was asked whether she wanted to change into a man. She agreed to the experiment. Then she saw herself as a black male savage with feathers, performing horrible, wild war dances. She met Nazi storm-troopers who stopped her from getting away. Then she saw someone else who had agreed to the same experiment and who looked terribly ill. She thought: 'I won't let them do it to me.' She had a number of dreams and phantasies of the same type. She was very much concerned with the male organ. 'I am quite all right with people until I become aware that they have sexual organs. As soon as I feel that they are thinking of intercourse or becoming sexual, I am afraid that they are losing control. The worst comes on top then and they are just like animals.' The male organ was identified with the head. She remembered vividly how, when she was two and a half, one of her sister's dolls came alive and made a horrible noise. It was like the man knocking at the door (an event of her later life). A little later she broke this doll's head. She always broke her dolls and other things. She had always been interested in the 'Stick out of Bag' fairy-tale. Apart from fitting in so well with her ideas of the dreaded phallus, it also became clear that it was her own bag (body—anus—vagina) out of which this phallus eventually came. Over and over again the idea of being changed into a man came up as a terrible thing to happen. At times she felt surrounded by white phallic images. They were like living beings attacking her, but she could not talk to them. They would take no notice of it. They were thus 'unconscious' and uncontrollable. Their white colour was due to their being dead, as well as to an experience with a boy's genital organ. They were the 'dead coming alive', and an element of the dread of erection entered into this. In the film *Love from a Stranger* a man murdered several women. A prospective victim was playing the piano. It was terrible how the actor (Basil Rathbone) told her to play 'faster! faster!'. She had poisoned his coffee and told him so. Thus they both died together. She recognized the relationship of the scene to sexual intercourse and orgasm. The mutual murder, of course, fitted in particularly well with her ideas. The horror in intercourse was caused by the movement attached to it. This made it animal-like instead of something beautiful and sacred. She always thought that both parties keep still in intercourse. 'I am sure I could never let myself go like that.' The phantasy of the horrible man (penis) inside, which might come out and transform her into an uncontrollable animal, a true Mr. Hyde, is thus clear. From here the idea of being transformed into a man derived its strength as well as its dreadful significance. We now understand this theme clearly in all the three cases quoted.

Case 4. In this case marital intercourse was prohibited owing to persistent vaginismus. We cannot go into the analysis, which was full of interesting material. What concerns us in the present connection is that intercourse was conceived of as a rape and, as such, strongly desired and feared. The husband's penis was a dangerous, penetrating object. The patient herself had a penis inside her, but this was not as dangerous as in the previous cases. This corresponded to the fact that the genital level had been reached on a broad front. It was, however, dangerous enough to produce an appendicitis. According to her physician's diagnosis, she developed an appendicitis and should undergo an operation. I had no reason to doubt this, although it might have been an affection of the ovary resulting from our mental investigation. Its phallic meaning could not be in doubt, quite apart from the fact that we gained an ever greater and more accurate influence on it and that an operation became unnecessary. This inner penis was less powerful but also not satisfactory. It represented among other things a dog's little red penis, with which the patient had been occupied. It blocked the way and had to come out before her husband's organ could enter her. 'I had a feeling of a plug the whole time.' She felt the pain on her right side, to which she referred as 'the opposite of my womb'. In her mental anatomy, the uterus was on her left side. A great number of physical symptoms, with which she was continuously dealing, were always definitely referred to one side or the other, and the right side—as usual—invariably meant the male side. Her attitude towards the difference between the sexes was more on the usual lines. It was greatly stressed, as was reflected in a great many problems. Competition with men ran along urinary lines. In this connection she had the typical conviction of women's ultimate intellectual inferiority. But this masculine protest was not strong enough to prevent her from genuinely accepting the feminine rôle. Her individual solution was: the man's penis would not do him any good without me, the woman, who am its aim. This patient did not form pronounced phantasies of a change of sex, but an interesting variation upon them. Her persecutors changed sex. She dreamed that she was chasing a man before he got out of the door. He had flying hair, like Einstein. But suddenly he tore off his mask and turned out to be—a woman. She was terribly afraid. The patient had a spider phobia and other manifestations characteristic of a special fear of a 'woman with a penis', of bisexual symbols in general.

The change of sex from male into female cannot

be taken simply as castration fear. Apart from the reversal of rôles in the dream, the frightening part was not the absence of a penis but its presence in a woman. The penis which this patient wanted and for which she envied men was quite a different one.

Apart from the specific phantasy, these cases had certain fundamental features in common. They were all definitely feminine women, with strong feminine sexual impulses. They were neither overt homosexuals nor was latent homosexuality of any particular strength. They also wanted to be wives and mothers. They were not of the ' masculine protest ' type. Case 4, who was different, had also not formed the phantasy directly. At the same time, they were manifestly and gravely disturbed in their sex relationship. They showed, without exception, the typical ' masochistic deformation of the genital instinct ' (Rado), the ' masochistic triad ' (Helene Deutsch) —the wish to be castrated, raped and forced to give birth—as well as the corresponding anxiety-triad as a defence on the part of the ego—castration anxiety, fear of being raped and fear of birth. They all had an extremely sado-masochistic conception of the primal scene.

It is worth noting that all these patients had undergone repeated operations and that operations also figured largely in their current ideas. Correspondingly they formed what one might call organic conversion symptoms. These were equivalent to psychotic manifestations and could, under analysis, be re-transformed into such. We have touched on this subject in connection with our asthmatic patient.

They formed typical phobias in regard to animals with a pronouncedly bisexual symbolic character, as for instance spiders. Their ultimate primary anxiety object was the ' mother with the (father's) penis '. It can scarcely be merely accidental that the phantasy of the change of sex should be so striking precisely in cases with this structure. It would seem more likely that it grows in soil such as this by reason of a more essential inner affinity, such as these cases show. If so, the idea of a change of sex would seem to be of considerable psycho-diagnostic significance.

Finally we come to a point which is perhaps the most important of all. We have said that these women feared the strength of their own unconscious masochistic impulses, which they ascribed to the man inside themselves. At the same time we have found that they did not have particularly strong masculine ingredients in their constitution, that their biological bisexuality was not very pronounced. How can we explain this contradiction ? Quite simply. It was their own feminine masochism which they had projected into the man, originally their father, and re-introjected into themselves. As we have said, the penis inside themselves, which they feared would come out and knock them unconscious, drive them mad and make them lose control, was the personification of their own unconscious id. This had happened during their infantile development, and it is therefore unnecessary to postulate by way of explanation—in these cases—a constitutional predisposition even at that time. The correctness of these considerations is also borne out by the fact that analysis was able to penetrate into the genesis of their psycho-sexual attitude with very favourable practical results.

ON A SPECIFIC GROUP OF NEUROTIC SYMPTOMS

(Dramatizing the ' Tertium Comparationis ' as an Alibi)

By EDMUND BERGLER, New York

Every neurotic symptom contains, according to Freud, elements of unconscious wishes and unconscious prohibitions. The stress laid upon id and super-ego (or more precisely the unconscious ego) differs in different symptoms. In obsessional neurosis, for instance, the longer the symptom persists the greater the amount of id wishes which are smuggled into the defence. To express the point in a caricaturing manner, this type of symptom starts, so to speak, with the unconscious assertion ' I am a good boy ' ; but in the actual proof of this the ' bad boy ' is visible to an ever increasing degree, and the mischief is continued. The alibi element is therefore present in every neurotic symptom. That is a generally accepted truism among Freudians and needs no repetition.

I should like to describe a specific group of neurotic symptoms characterized by the peculiar dramatization of a ' *tertium comparationis* '. The term is used in *ars poetica* to denote the comparison between two widely different objects which have only one element in common. ' This point of similarity is called the ' *tertium comparationis* '. When Homer compares the Greek soldiers storming Troy to a swarm of bees, the similarity of the Greek soldiers in movement—clinking their armour—to bees seems far-fetched. The common denominator for the poet, however, is that both produce noise. That noise is the *tertium comparationis*. As in poetry, we find in neurosis that certain symptoms seem to be built upon this formula. I will illustrate with some clinical examples.

An obsessional patient produced the symptom of fear of acquiring a tic. Every time he saw a person who had a facial tic, especially one involving the neck muscles, he was terrified and disturbed

lest he himself should acquire that symptom. The patient was an actor and every night faced an audience in a theatre. Automatically he would 'choose' among these people a person afflicted with a tic—not too difficult a task among 1,500 spectators—and begin to worry. His conflict increased when he discovered that one of the other leading actors in the show suffered from a facial tic. He could offer no explanation for the development of this fear, which at times dominated his neurosis, except to say that after the annulment of his marriage because of his impotence (twenty years before he started analysis) he 'became more conscious of human suffering'. This fear of a tic was at times so pronounced that all of his other abundant neurotic ideas, compulsions and obsessions became secondary.

The analytic interest was automatically centred in the fact that the interest in tics and the disturbance of potency became apparent at the same time. It was clear that in the superficial layer the patient identified his penis with the heads of the various sufferers (as is found, for instance, in ereutophobia) and consoled himself, so to speak, with the facts that his symptom was not as conspicuous as a tic and that other people suffered too. Furthermore, his fear was related to exhibitionism: 'everyone will see that you are impotent' was the unconscious wish which was being warded off. Still, the two explanations did not suffice and did not change his deep-rooted fear. The next question was: what attracted the patient's attention to a tic? This he explained by saying that the automatic nature of the tic, the inability to control it, was the most conspicuous and fascinating part of it. Projecting this idea upon the penis, he seemed to be saying unconsciously: 'I am not responsible for my erections; they come without volition.' Here we seemed to have an *impasse*. Why should he be afraid of erections, the very erections whose absence he deplored so much? The answer was that his reaction was that of the child in him. His disturbance of potency was based on his obsessional misunderstanding of sex; the idea of anal soiling predominated for him. The fact that his potency was disturbed and his marriage annulled served to activate his old masturbation fear. He behaved as if his sexual disaster in marriage was a direct punishment for masturbation: 'You played with your (anally perceived) penis too much; the result is impotence.' The defence against that super-ego reproach was furnished by the alibi: 'I did not play with my penis; the erections came of themselves.' In other words, the automatism of an erection and movement of the penis were used by the patient as an excuse. The tic then became for him the symbol of this idea that certain things are automatic, independent of our wilful actions.[1]

To sum up this example. The patient produced the tic-fear not only as a symbolic demonstration of his phallic and anal masochistic exhibitionistic wishes but also—and this is the decisive fact—to demonstrate his main alibi, automatism. This automatism was the *tertium comparationis* between an erect penis and a tic-movement of the head. It was as if he was using an example from another field, stressing the *tertium comparationis*, to prove his innocence.

In another case a man fixated on the negative Œdipus complex (a passive-feminine, unconsciously homosexual type) came to this country as an infant of one and a half years. He was born in Sicily, but his parents, it seemed, had an inclination to conceal the fact that he was not born in New York. It never became clear to me whether the parents really had that intention or whether the patient himself was guilty of a misrepresentation. His story was that in all of his documents his place of birth was given as New York, that it was only from his father's naturalization papers, which he discovered only a few years ago, that it could be proved where he was born. The whole problem of his birthplace was without practical importance until, during the war, his firm was taken over by the Government. He lived in constant fear then lest his deceit should be discovered. At that time he produced symptoms of nausea, headaches, vertigo, inability to hold nourishment. Organic treatment was negative. The patient, familiar with his other hypochondriac symptoms, felt that 'something screwy was going on', that a psychogenic factor was involved. My first impression, undoubtedly provoked by his constant assertion that he was practically a baby at the time of his arrival in this country, was that his symptoms were those of sea-sickness. Strangely enough, one of his first recollections was of sitting on his mother's lap on the deck of a ship, eating a biscuit while people were saying: 'He's not sick any more.' In his distress—thirty-five years later—under the pressure of his conscience ('you are a swindler'), he produced all of these symptoms of sea-sickness once more to prove his innocence. It was as if he were saying: 'I was a baby at that time; was it my fault if my parents brought me here?' In other words, sea-sickness was a proof that something happened to him without volition. It was as if he were telling a story showing that a baby is not responsible for the place of its birth, whether it were in Sicily, on board ship, or in New York. To prove that he was on the ship he reproduced his sea-sickness. The *tertium comparationis* was once more: 'Something happened to me passively; I am innocent.' In this case it is possible that his first sea-sickness made a traumatic impression on him. Except for birth, it was perhaps his earliest traumatic experience. No

[1] It was possible to reconstruct the 'anal' castration fear behind the phallic ones. Loss of stool frightened the patient as a child. Here too the automatism was the alibi.

doubt in his repetition of passivity the patient experienced a good deal of masochistic pleasure too.

We see in both these cases a strange dramatization of a *situation* as an alibi. The symptoms just described differ from the typical hysterical or obsessional symptoms in the following respects:

(1) In addition to the typical unconscious wish and unconscious defence elements common to every neurotic symptom, there is an additional element, the dramatized alibi, which is like a simile used to prove the innocence of the accused.

(2) The dramatized example is used to prove the *tertium comparationis* of the case.

(3) The exculpating example makes use of a highly traumatic situation in real life in direct or symbolic form.

Both examples have one element in common, the proof of exclusion of conscious volition. The next question was whether this element is specific for these symptoms. The following example shows that it is not.

A woman of thirty-two, a typical frigid hysteric, was suffering, among other symptoms, from hives in an excessive degree. Seemingly without any external reason, she found herself covered with hives, each attack lasting for one or two days. Later it became apparent that the symptom appeared before or after some emotional conflict, especially one involving the feeling of being unjustly treated by her husband or environment. The suspicion was justified in her case that every defeat provoked the old trauma of phallic castration, the defence against which consisted in the production of many substitute penises. The phallic meaning of the hives also had an oral substructure. Still, the whole problem remained partially unclarified until the patient had a dream in which she saw a cherry tree which fascinated her. Analysis of the dream aroused the suspicion that her symptom not only offered her a recompense for the missing penis—cherries reminded her of the top of the penis and of a nipple—and an opportunity for symbolic masturbation—scratching of the hives—but also contained an element of irony directed against the existence of the penis as a whole. It was as if the child were to deny the existence of the penis with the ironic question: 'Why don't you say that bumps can grow on the body like cherries on a tree?' The patient was, so to speak, dramatizing this irony on her body.

We see that this symptom differs from the two previously described in that the dramatization of the *tertium comparationis* makes use of irony. Furthermore, it is not a *passive* retort and repartee proving innocence but an *active* fight of the unconscious ego against a super-ego reproach in which irony is used to disprove the existence of the problem. Seemingly, the more aggressive personality of this patient, who in real life too made consistent use of the mechanism of *reductio ad absurdum*, was responsible for an aggressive form of defence.

I must admit that this clinical interpretation was bolstered up by a symptom described in a novel by Frank Norris, *Vandover and the Brute*. In this story a young man inadvertently seduces a girl. When she commits suicide he is blamed and sued for $25,000. His father dies of grief and he sinks socially and morally step by step. Later the young man develops lycanthropy, crawling on all fours naked and crying 'Wolf! Wolf!', though without biting. Norris describes the case as if the brute in Vandover had come to the surface. Undoubtedly it resembles somewhat the naïve story of *Dr. Jekyll and Mr. Hyde*. But Norris's character is rather a harmless boy completely overwhelmed by fear and reproaches. Under the pressure of his conscience he breaks down, but adopts a very strange defence. It is as if he were saying: 'Why don't you say I'm a wolf?' In this defence he makes use of the colloquial expression for 'seducer'. He dramatizes his *tertium comparationis* hysterically, using a device similar to a 'joke of overbidding' (*Überbietungswitz*). A joke of this kind reduces a statement to absurdity by ironically accepting it and offering further, exaggerated proof of it. For instance: Two newcomers in New York exchange impressions on the amazing tempo of American life. 'Yesterday', says the first, 'I saw how they build these skyscrapers. In a few hours they finished 100 stories.' 'Well', answers the second, 'that's nothing. A man committed suicide in that building and during his fall from the 100th floor he saw on the second floor a man reading a newspaper account of his suicide.' My frigid patient made use of this device, but she dramatized her irony.

The three symptoms described are identical in one point. They dramatize a story as an alibi. There seems to be a passive variety, in which the unconscious ego in distress defends itself by being very dramatic and exasperated (examples 1 and 2). The aggressive variety (example 3) uses irony and biting satire. Perhaps a good 'sense of humour' used neurotically is a prerequisite. All of these patients, the obsessional neurotic, the hypochondriac and the hysteric, were witty and satirical. (Of course, the ability to be witty is a problem in itself.)

Many questions in regard to these symptoms remain unanswered. For instance: What type of persons use this neurotic outlet? Are there specific situations which are a prerequisite? I have the impression that this type of symptom represents 'heavy artillery', that it is used only in situations in which the ego is in extreme danger. This, if true, would perhaps also explain the relative infrequency of the symptom.

AN INDIVIDUAL POINT OF VIEW ON SHOCK THERAPY

By A. CYRIL WILSON, London

One who is accustomed to a purely psychoanalytical approach to borderline disorders may be expected to find shock therapy as applied to the psychotic by the psychiatrist a somewhat revolutionary procedure. I was at first rather sceptical as to what it could accomplish, fearing that it might prove to be nothing more than a reversion to the old 'kick in the pants' therapy—but in a more subtle guise. I confess to being now somewhat disabused of this idea and impressed with what the psychiatrist has been able to demonstrate by his shock tactics in certain psychotic cases. Only a few cases, however, appear to sustain their improvement. Many relapse sooner or later, some while in the institution, and others on returning to a psycho-traumatic environment, to be re-admitted later for a further course of treatment. The main beneficial effects therapeutically of shock treatment appear to be a shortening of the psychotic attack—in itself an advance upon past methods. It would be helpful if the tendency to relapse could be overcome. I have wondered whether the psychiatrist might not get nearer to achieving this goal, were he to make more use of the transference situation. It seems doubtful if he always makes as much use as he could of the parental rôle in which he stands towards his patients.

The importance of the transference in psychotic cases (whether undergoing shock treatment or not) cannot be over-estimated. I suspect that some psychiatrists who use shock therapy tend to place too much reliance on their insulin or machine and too little on their own personality. The Robot parent needs to be reinforced by the Human one. I have observed how important too is a *gradual* weaning process from the person of the physician —subsequent to the cessation of the actual treatment. In shock therapy a violent transference appears to be thrust upon the patient which persists when the actual treatment as such is ended. The administration of any form of shock therapy is bound temporarily to reinforce buried infantile suspicion and fears. They must become gradually resolved if the benefit from such treatment is to be lasting. This end is the more easily attained where the transference is adequately dealt with. Without this there might be a danger of such treatment merely reinforcing early fears and hate in the unconscious, leaving the patient worse off than before.

I remember a case in which the psychiatrist and the nurse in charge were administering insulin to two young men at the same time.

The one who terminated the treatment first soon developed certain signs of frustration, manifested by restlessness, irritability and insomnia, which symptoms cleared up only when he was permitted to rest during the afternoons in the room where he had had his treatment and where the nurse in charge was sitting. An infantile situation was being lived through again. He felt jealous of the 'brother' still receiving the attentions of the 'good mother and father', and felt rejected when his treatment had terminated—the 'weaning' process had been too abrupt.

There is a distinct parallel to my mind between the hunger induced and later satisfied by this technique and the oral frustrations and gratifications in infancy.

In another case, a patient gave a distinct indication as to the nature of his submerged conflict, when, just prior to the administration of electric shock treatment, he turned to the psychiatrist and said: 'Queen Elizabeth doesn't want me to have it.' He seemed to have accepted the treatment as an alliance with the father (a homosexual gratification) forbidden by the jealous mother. He demonstrated his ambivalence in the Œdipus situation by his subsequent remarks to the physician, for on the day after the treatment he is reported to have said to the psychiatrist: 'Thank you awfully, you have saved my life, I must kiss your hand,' which he proceeded to do enthusiastically. On the next day, however, his affects had completely veered round; he then greeted the physician with the remark: 'I hate you, you've tortured me.' He seems to have alternated between those two moods subsequently.

What had the treatment done? It seems in this case to have called his attention to the father, now external and identified with the person of the physician, and to have diverted it for the time being from his inner conflicts round the buried Œdipus situation to the external world where they originated. It seems as it were to have forcibly turned on the 'tap' of the psyche and encouraged the flow of material which immediately concerns itself with the nuclear core of psychical difficulties, namely the Œdipus situation. The voice of his unconscious says, as it were: 'You suggest some treatment by a man? A father figure? Mother (Queen Elizabeth) would never stand for that. She is much too jealous, she'd never forgive me or you. I am terrified Don't ask me to run counter to her wishes. I tried it before and I do know what I am talking about.' In identifying his mother with Queen Elizabeth he draws a picture of a powerful, autocratic woman, but a somewhat hard and ungentle one, not even influenced for long by her husband. Actually, in this patient's case, the identification of his mother with Queen Elizabeth was no doubt partly connected with the fact that his father and mother are separated.

On the phallic level the psychotic breakdown appears to have resulted from the retention and

shutting up within the patient of his homosexual phantasies, which once concerned an external penis looked upon at that time as both god and devil. Such phantasies are frequently found repressed in the unconscious of the male and may or may not be associated with an actual forgotten homosexual experience in early life, around which acute conflict had raged, bound up with his passive homosexuality. In his case this was borne out by the fact that his breakdown occurred immediately after he had undergone an appendicectomy. There was evidence that the offending appendix was looked upon by him as proof of the 'bad' internal penis of his phantasy. The operation seems to have aroused such castration anxiety that a condition of psycho-sexual impotence resulted. This the patient attempted to cover up by his mental breakdown.

Because of the frustration, hate, guilt, pleasure, and conflicting emotions around such a phantasy or experience, attraction and repulsion had become buried with the repressed material. In other words, love, hate and fear exist in the unconscious. The patient feared to remember again the phantasies or experiences that had troubled him, because of the ambivalence surrounding them. He fought to keep such affects buried, for he feared to be overwhelmed by their release. His breakdown and confinement in a mental institution represent partly a punishment for, a denial of, and a symbolic gratification of his unconscious incestuous wishes towards both mother and father.

Electric convulsion therapy appears to be felt as coming to the rescue and releasing the imprisoned objects without disruption of them or his personality, providing as it does real images in the external world in the form of the physician and nurse around whose persons the hitherto pent-up affects can become ventilated. The physician assumes the rôle, for the time being, both of liberator and persecutor. He becomes identified with the objects till then felt as imprisoned within the psyche. The objects become correspondingly good and less feared, the more real and external they are felt to be. It is for this reason that the encouragement of the transference, both positive and negative, should play an all-important part. Among other things the interest and help from the live physician and nurse are a reassurance to the unconscious that the good and tolerant parent figures are real, bad and unforgiving parent figures unreal, and that the primitive hate and death wishes originally generated round them did not triumph at the expense of the love.

Where environmental factors can be as ideal as possible, relapse after shock therapy should be less liable to occur. The staff should be psychologically trained. The relationship between patient and psychiatrist should be encouraged for some time after the actual treatment has ceased.

Any bullying, ridicule or injustice on the part of the staff (nurses or attendants), even false statements which increase doubt, should be avoided. Indeed, any factors that engender doubt, hate, or fear are likely to reinforce unconscious hate and precipitate a relapse: the danger being that the libido would again be withdrawn from the outer world and a reinforcement take place of the internal loved and hated object. In other words, the original regressive mechanism would be again liable to be set in motion.

It is no uncommon thing to find a tendency on the part of semi-trained staff in dealing with the psychotic to think it permissible not to stick strictly to the truth. They will often hope to set at rest the qualms and fears of the patient in the present, by telling him an untruth; they think he is too far gone to recognize the difference between truth and untruth. This is a mistaken policy; it breeds doubt and mistrust. The patients somewhere appreciate the fact that they are being lied to. They may feel they are being fooled, and, if so, this increases hate, fear, and irritability, in the same way as with children if lied to or ridiculed by parents. In the psychotic such affects are demonstrated by an increase of depression or manic outbursts.

Apart from the mechanism described above, some of the beneficial effects of shock therapy appear to be that the super-ego accepts it as a form of punishment for incestuous sadistic phantasies, but less severe than that expected, and so suspense and guilt are lessened; the individual is more able to forgive himself for his forbidden phantasies. He feels permitted to ventilate them in a more normal way, at first upon the persons of the physician and nurse—stepping stones to a future good relationship with the external world—and to utilize the energy derived from them in the building up of satisfactory sublimations later on. The treatment, however, can only start the ball rolling, for such deep affects need some further form of catharsis and it is here that psychological treatment would appear advisable in cases where the patient becomes sufficiently in touch with reality.

Thus, following shock therapy, many patients might be ready for that psychological treatment that they still must need. Psycho-analysis proper is not, however, practicable in an institution, and perhaps inadvisable for psychotic types of patients unless they ask for such treatment. The patient, even when again in touch with reality, does not usually become aware of his need in this direction, preferring to forget the past, put his breakdown behind him like a bad dream, and accept the *fait accompli* of his betterment. He lacks the insight into his condition that would bring him to analysis. This might be possible later if preconscious material released by shock methods were able to be made use of immediately.

Apart, however, from the advantage of shock therapy as an empirical remedy in those psychotic

cases where there seems no alternative but to attempt to bring them again into touch with reality by forcible means, I still mistrust violent methods of treatment except in special cases. The psychiatrist must be, to some extent, groping in the dark and there might be a temptation for him to be indiscriminate in his choice of case and not to give psycho-analysis a fair trial in cases where the patient is sufficiently in touch with reality for such a form of therapy to be possible.

I should like to thank Dr. Freudenberg for permitting me to use some of his material to illustrate my main points.

THE PRINCIPLES AND METHODS OF THE TRAINING OF CHILD PSYCHO-ANALYSTS [1]

By SYLVIA M. PAYNE, London

My aim in this short paper is to define the position of psycho-analysis amongst the various forms of psychotherapeutic treatment of children and to say something of the purpose and method of the training of child analysts by the Institute of Psycho-Analysis.

During the last twenty years doctors and educationalists have been slowly but progressively turning to the study of child psychology to find the solution of some of their unsolved problems.

The last world war, on account of the large numbers of shell-shocked soldiers, gave an impetus to the practice of all kinds of psychotherapy which were influenced by the formulation and development of Freud's theory and technique of Psycho-Analysis. The present war has hastened the necessity for the organization and extension of the study and practice of psychological medicine in relation to the child, because evacuation and the mobilization of women have created urgent and obvious psychological problems for the child. These problems do not concern the medical profession only (as the previous speakers have pointed out) but are also of vital importance to the educational and nursing professions, and, owing to the fact that the child is absolutely dependent on its environment, those interested in social problems are also involved.

In my opinion one of the most complex issues both in respect of training and in the organization of practical therapy is the overlapping of professional interests. There must be co-operation and at the same time clearly defined aims and methods if progress is to be rapid.

The Institute of Psycho-Analysis, which I am representing, has the advantage of being able to define the scope of the training offered because it limits its activities to the teaching and practice of psycho-analysis.

From the point of view of psychiatry child analysis offers the opportunity, apart from therapy, for research into the early phases of conditions recognizable later as psychoses and psychoneuroses. From the point of view of education there are three main ways in which psycho-analysis can be of assistance to workers in this field :

(i) Application of the psycho-analytical psychology of childhood to the principles of education.

(ii) Application of clinical knowledge about the inevitable and transitory infantile neuroses to the educational handling of children in difficult or critical stages of their development.

(iii) Treatment of the infantile neuroses before they become fixed enough to hinder normal progress to the next stage.

The approach of the psycho-analyst is directly to the child, not because the influence of the parents and social conditions are denied, but because the direct approach (if you can afford the time) is the most effective and because it is the foundation of research into the psychological development of the individual. Psycho-analysis of the child provides a method of observing and influencing the development of the psyche by dealing with primitive forms of mental activity, which include the earliest forms of phantasy. The infant and the young child have a reality of their own, dependent on phantasy, which is the outcome of their emotional life and which to a large extent is unconscious. It is the unconsciousness of the phantasy of the child which makes the research so difficult ; the making conscious requires skill. The child's reaction to its environment is influenced by the phantasy life as well as by the character of the real parents and the nature of the environment itself. The influence of environmental factors is observed and recorded in every analytical situation ; they can be examined also by other less intensive methods, but what cannot be observed so well by others is the interplay of the unconscious phantasy, which psycho-analysis reveals, and the environmental and behaviouristic reactions which are a matter of common observation. At the present time there are so few fully trained child analysts that the Institute of Psycho-Analysis confines the training which it provides to this highly specialized aspect of psychotherapy, and has left the investigations of the more manifest and external aspects of the problem to other interested bodies.

The Institute of Psycho-Analysis recognized that a medical degree was not necessarily essential

[1] Read before a joint meeting of the Educational and Medical Sections of the British Psychological Society on the training of Child Psychotherapists, March 20, 1943.

for the practice of psycho-analysis on all types of cases, particularly in the treatment of children. Consequently limited numbers of lay analysts have been and are being trained. Candidates are selected, whether medically qualified or not, because the nature of the work requires certain qualities and qualifications. Doctors are preferred who have had psychiatric experience and some general practice experience is an advantage. Non-medical candidates must have a university degree or its equivalent, and have had some special experience which makes them suitable. Some scientific training is regarded as particularly valuable.

It is necessary to recognize here two aspects of psycho-analytical work on children: the first is suitable for the trained and experienced psychiatrist and the second for the trained and experienced educationalist. The psychiatrist trained in psycho-analysis is equipped to treat and do research work on all types of cases, pathological or otherwise; the educationalist is equipped to treat and study cases with educational inhibitions and character difficulties. Obviously the work will overlap and cannot be exactly separated. The psycho-analytical training is identical, it is the previous knowledge and experience only which differ and create an interest and skill in dealing with special problems.

The aim of the training is not to turn out as many therapists as possible but to equip child analysts as far as it can be done in the present state of our knowledge (1) to be able to analyse children of all ages; (2) to be able the better to give sound advice to parents; (3) to promote research into the psychology of the child by the psycho-analytical method.

The view is that every child passes through phases of psychological development which have often been described as neurotic because of the strength of the anxiety states against which he employs psychological mechanisms of defence that in the adult constitute the structure of neuroses. In the child these may be transitory, but if fixated they form the nucleus of the neuroses of later life, or promote educational inhibitions and character difficulties. The neurosis of the adult is therefore superimposed on the child's neurosis and the analyst must be familiar with the structure of the adult's mind if he or she is to be fully equipped to deal with the child's difficulties and able to recognize the possible outcome of these difficulties if not treated.

The first step in the training is therefore a personal analysis and the full training of the analyst for adult work. This part of the training helps the analyst to gain sure insight into the adult way of looking at childhood problems and thus be the more understanding of the parents' difficulties. Psycho-analytical treatment of the child makes the greatest demands on the mother from a practical point of view, as the child must attend five times in the week. It is obvious that the analyst needs skill in dealing with the mother and must be trusted by her if she is to make the necessary sacrifices to enable her child to have treatment at all.

The actual curriculum, apart from the personal analysis, consists of theoretical and practical seminars and lectures and the treatment under supervision of two adult clinic cases. The supervision consists of a weekly session with a selected training analyst and is called 'control analysis'. When the two adult cases have progressed to a satisfactory position in the treatment, the candidate starts work on children. This necessitates attendance at practical seminars on child analysis and the analysis under control of three children in different age groups.

The children are grouped according to age. The first group is from two to five years, the second from six to puberty, and the third group consists of adolescents. The candidate usually takes one of the youngest group first because children under five are, generally speaking, the easiest to analyse. The second case will be chosen from the second or third group according to the severity of the neuroses of the cases available.

Play analysis is used, and each child has his own locked drawer of toys which no other patient has access to. There is also running water, and the opportunity to make fires, cut up paper, use plasticine, and chalk on the walls, which are washable. The child is not given complete liberty to destroy or damage—not only for the purpose of protecting property and the analyst, but also to limit the amount of guilt and anxiety which may develop at any one time. The analyst holds the view that anxiety may be liberated in small doses and can be controlled by skilled interpretation. The child needs the reassurance that the analyst will not allow it to be overwhelmed by the strength of primitive impulses. It is just as afraid of complete loss of control as the adult is afraid of going mad or losing control of his aggressive and sexual impulses.

The interpretations of the play given to the child are of three kinds:

(1) Interpretation of the content of the phantasy which is manifested in the play.

(2) Interpretation in terms of the transference: that is, what the play discloses of the child's unconscious thoughts about the analyst.

(3) Interpretation in terms of the resistance: that is, the nature of the defence which the child is expressing in its play against the uncovering of wishes and feelings which it wishes to deny or repress.

Interpretation may arouse fresh anxiety which can be relieved by further interpretation. This is one reason why continuity in treatment is essential and analysis should not be undertaken unless the child can attend five times a week.

The skill lies in giving balanced interpretation: that is, the child must be made aware not only of its aggressive and sadistic impulses but also of its

loving and creative impulses. The child may be just as unaware of one as of the other. The candidate analyses the three child cases under control and meets his or her control analyst every week and more frequently if necessary at the beginning of a new case.

Cases and technical points are discussed at the child seminars, and the candidate will be asked to report a case or part of it at a seminar and it will be discussed by those present. Full training takes about four years ; the treatment of each case from one to two years.[2]

The Institute of Psycho-Analysis has not organized any direct investigation of the social side of the children under treatment, although, owing to the fact that Dr. Winnicott is in charge of the Child Outpatient Department both at the London Clinic of Psycho-Analysis and at Paddington Green Hospital for Children, it has been possible for him to transfer cases coming for consultation to the hospital to the London Clinic of Psycho-Analysis for treatment, and thus the Institute has benefited occasionally from the work of his social worker at Paddington Green Hospital.

I think it is difficult to overestimate the importance of the research aspect of psycho-analytical work on children. Several eminent scientists have said in recent years that man has advanced enormously in his knowledge of and ability to control the forces of nature but has advanced very little in the knowledge and control over his own instincts. The view of the psycho-analyst is that the direct study of instinct impulses is easiest in the child under five years of age, and that the fate of these instincts and the character of the adult is profoundly influenced by what happens in the first five years. Education has perhaps been more successful in repressing primitive impulses than in understanding them, and yet it is essential that progress in understanding of human primitive impulses shall go hand in hand with the remodelling of education and social conditions as well as with progress in the treatment of mental illnesses.

These facts justify the long time spent on training child analysts apart from the immediate therapeutic value of the treatment.

In my opinion every child centre should have at least one fully trained psycho-analyst to deal with selected cases. The practical difficulties of daily treatment limit the number available in present conditions.

It is obvious that at present we are only on the fringe of the problems which arise particularly in connection with the upbringing and education of little children. It does seem rational to put forward the view that an essential for all workers in every department is a sound knowledge of the emotional development of the child. It is obvious that many workers have recognized the need for this knowledge and lectures have been given to social workers by members of the Institute of Psycho-Analysis. (It is to be hoped that after the war it will be more possible to meet the demand for knowledge of what psycho-analysis reveals on these subjects.)

The question before the meeting concerns the training of child psychotherapists, not exclusively the training of child psycho-analysts.

I have already alluded to the need for co-operation between the different groups of professional workers interested in child psychology. It is a situation that should be approached with a clearly defined long-term policy in which the primary aim should be progress in psychotherapy as a whole. We should not be rushed into hasty commitments which may hamper scientific research later because of the demands of temporary immediate situations.

My view is that the *full* training of a child psychotherapist should not be separated from that of the psychotherapist who treats adults, although partial training and teaching will be necessary for assistants and some teachers. My reasons for this opinion are :

(1) That it is necessary to understand fully the relationship between the psychology of the adult and the child before either can be treated by the most scientific methods.

(2) That research work in the psychological ætiology as contrasted with the physical aspect of the psychoses and neuroses necessitates comparative analytical work on the child and adult. If the training of child psychotherapists is regarded as separate from that of other psychotherapists, few psychiatrists will take an interest in child psychology and the situation which exists to-day will be perpetuated. At present the psychiatrist who has not taken some special training in the treatment of children knows little about the child, and the educationalist who has studied the management of children's behaviour knows little about the unconscious motives of their behaviour.

The hope of the future is not mental therapy but mental hygiene. Unless Psychiatry and Medical Psychology remain the ultimate authority in the study and training of all psychotherapy, child psychotherapy will come to be regarded as something apart from the science of medicine and become associated mainly with education, sociology and philanthropy. Education must be a junior partner in close co-operation and consultation, but the authority for research, hygiene and therapy in connection with the mind must remain with the medical profession, because the understanding and treatment of body and mind cannot be separated from each other. Separation retards both advances in knowledge of psychology and also advances in knowledge of the pathology of mind and body, and therefore retards the progress of medicine.

[2] Good therapeutic results are often obtained by skilled analysts in a shorter time in the case of young children.

'THE THERAPEUTIC TECHNIQUE OF SÁNDOR FERENCZI': A COMMENT

By CLARA THOMPSON, New York

I am a pupil of Ferenczi and for over ten years I have made use of some of his techniques in my psycho-analytic work. In the course of time I have discarded several of his ideas and confirmed the validity of others. I think that my conclusions, which are somewhat different from Mrs. de Forest's, would be a valuable addition to her paper.[1]

I believe that Ferenczi pointed out things in need of emphasis in the analytic world. He was the only person in Europe at the time who saw some of them, and had the courage to state them.[2] Two of his ideas I have found of great value: i.e. that the analytic situation is a human situation involving the interaction of two personalities, and that no therapeutic results are possible unless the patient feels and is accepted by the analyst.

Ferenczi was stimulated in thinking along this line as a reaction against the increasingly popular idea of the passive non-reacting analyst who is only a mirror on which the patient's feelings are reflected. He felt such an attitude on the part of the analyst tended to produce intellectual analyses in which no real change took place in the patient. He felt that the increasing pessimism about cure by psycho-analysis was the result of these sterile intellectual analyses. He sought for ways to make the analysis vivid and living. He believed that the patient is ill because he has not been loved, and that he needs from the analyst the positive experience of acceptance, i.e. love. This could not be given by a mirror.

He therefore came to the conviction that the real personality of the analyst plays a part in the therapeutic process, that his blind spots, shortcomings and also positive qualities are felt intuitively by the patient, who reacts to them. In consequence, any consideration of the patient's attitudes should include an evaluation of the reality relationship to the analyst, and a therapeutic situation can only exist when the analyst has a positive feeling of acceptance for the patient.

The recognition of and admission to the patient of the human fallibility of the analyst constitutes a departure from the usual analytic technique. It is not customary for the analyst to admit a mistake or a personal reaction. The aim of the standard technique is to convey to the patient the impression of infallibility, authority and wisdom. The patient should feel that the analyst is removed from any possibility of personal reaction. Unfortunately neurotic patients have suffered all too frequently from the 'infallibility' of their parents in childhood. They are taught that mother is always right, even when they have had good evidence that she is wrong. Meeting the attitude in the analyst again, Ferenczi points out, simply strengthens the patient's original impression and blocks his attempts at freedom. Because there is no essential difference between the analyst's attitude and the parents', the patient finds himself in the old familiar situation and automatically goes on reacting to it without insight. In order to become conscious that something is wrong, one must have a new experience which makes one aware of new possibilities. This new experience Ferenczi saw in the recognition of the analyst as a human being who reacts naturally, can make mistakes and admit it. This he felt aids the patient in evaluating reality. Among other things, it helps him become aware of his attitudes to authority, his tendencies to blind obedience and belief or to rebellion. In the patient's experience he does not expect an authority to say 'I do not know' or 'I was wrong'. His whole training has been in the direction of intimidation into accepting the pronouncements of authority.

Ferenczi's method therefore was aimed at weakening one of the sources of neurotic disturbance—the over-valuation of the power of the parents. Part of the process of growing up is becoming able critically to examine authorities and to discount their false values. Sincerity on the analyst's part aids this process.

The question usually asked is what happens to the transference in such a setting. It becomes a working out of rational and irrational attitudes. In the course of resolving the transference, the patient can in time become aware of different types of attitudes to the analyst. He can say: 'I feel this towards you because you actually are a little aggressive or shy and self-effacing, or I feel this towards you for no real reason in your personality.' The analyst becomes more and more a person, accepted for what he is, as the various irrational attitudes towards him are analysed and discarded. This I have found to be a therapeutically valuable procedure.

I also found that Ferenczi's idea that the patient needs to feel accepted and liked by the analyst was of essential therapeutic value. I agree with him that one of the important factors in producing neurosis is love deprivation in early childhood. Just as the infallible analyst tends to reinforce the patient's attitude towards authority, so the distant mirror-like analyst repeats the love rejection pattern. This the neurotic expects as his fate. His defences have been developed to cope with it and the analyst thus furnishes the setting to carry

[1] 'The Therapeutic Technique of Sándor Ferenczi', *Int. J. Psycho-Anal.* (1942), **23**, 120.

[2] Harry Stack Sullivan in America was at about the same period beginning to emphasize the inter-personal nature of the analytic situation, an idea very similar to one of Ferenczi's.

on his neurosis without change. The analyst, on the other hand, who works with him because he likes and accepts him, disturbs the neurotic pattern and a situation favourable for therapy is created.

Although I have found value in these two concepts of Ferenczi's, I am aware that they have been criticized and I believe that they can be used in an unconstructive way and that much of the criticism is due to their misapplication. Ferenczi is not without blame here—owing to his tendency to carry his ideas to extremes. Certainly one might construe the idea of admitting one's fallibility to the patient as an invitation to a mutual analysis. To admit to a patient that one is wrong is one thing. To enter into extensive free association as to one's unconscious motives in making the error is quite another. Ferenczi at times was tempted to do the latter, and one could certainly interpret his ideas as endorsing the latter. This, in my experience, makes unwarranted demands on the patient and is not to his best interest. It is tantamount to turning to the patient for help and, although this may flatter the patient, it puts a great burden of responsibility on him at the same time that it leaves him feeling unsupported himself. It may even lead him to feel he must suppress his own needs. However, the admission of a mistake can be evidence of strength. Then the aim of the statement is to correct a misconception and is made in the interest of clarifying the situation. In using a scientific instrument its margin of error is customarily stated. The analyst owes this degree of accuracy to the patient. If, on a certain occasion, he feels annoyed and the patient notices it, a denial or silence may result in complete confusion for the patient. An admission of the truth can be made without the analyst's turning to the patient for help. In my experience the patient's reaction to this is usually positive. Some such feeling as 'I can count on him to tell me the truth' is felt. And further, the patient is thereby reassured of his appraisal of reality. His feeling 'I thought the analyst was annoyed' is corroborated as true. Ferenczi never failed to emphasize the need of the thorough analysis of the analyst. To feel secure enough to be able to react to the patient without pretence, without resort to any techniques of authority, requires a thorough analysis.

Ferenczi's second point has also brought criticism and with some justice. The difficulty lies in the definition of the word 'love'. I think Ferenczi was not entirely clear on this matter. His idea was that the analyst must give the patient all the love he needs. The basic need of every child is to be accepted, to feel himself secure with one individual. This type of acceptance is also what the patient needs. I think, however, Ferenczi tended to confuse the idea that the patient must be given all the love he needs with the idea he must be given all the love he demands. Obviously, the two are not identical. The neurotic individual after years of deprivation and frustration may develop an insatiable need of love. This is a complicated demand. Many emotions in no way connected with love are involved, such as exploiting others, getting revenge, power, etc. To satisfy this demand is not only humanly impossible, but, even if it would be satisfied, it is not therapeutically valuable. However, I believe that the thing which Ferenczi was seeking, i.e. to give the patient the love he needs, is an important therapeutic discovery and that the mistakes he made in understanding the problem can be corrected.

The third contribution of Ferenczi, and one which Mrs. de Forest has presented very ably, is the idea of making the analytic situation very dramatic, thereby increasing its therapeutic value. Here I have serious doubts about the entire validity of the concept. I believe that the analytic situation, if not prevented from developing, will become dramatic and convincing by itself. Deliberately increasing the tension by withholding interpretation does not seem to me justified. I think interpretation can and should be so presented that it leads the patient to seek further. I would deal with resistance by discussing it rather than letting the patient act it out blindly and possibly to the point of despair. In not interpreting, the analyst is co-operating with the patient; e.g. in the case of the man to whom Mrs. de Forest said nothing for some time, it seems to me that she, by not explaining what he was doing, but simply reacting to it, had accepted his challenge and become involved in his feeling situation. In doing this, she certainly increased his anxiety, and I think in this anxiety unnecessary elements were added, such as doubt of the analyst on a reality basis. I think such a patient might well feel that his insecurity had been greatly increased.

The analyst's attempts to heighten the drama and maintain the tension can produce one of three types of reactions in the patient.

If the patient's hold on reality is already feeble, as in a border-line psychotic, the analyst's entering into the transference mood can drive the patient further from reality—may even precipitate a psychotic episode. The acting out may become so 'real' that the patient's anxiety cannot be endured.

If the patient is more stable, the whole situation may become a kind of game. He then feels the analyst is doing this or that for his good, not because he, the analyst, feels it. It is acting. The patient thinks: 'If I did not believe he is acting, I would think he is as sick as I.' Because of the feeling that the analyst is only acting a part in a drama, the whole thing takes on the quality of play-acting and the patient's reactions also become insincere and therefore without therapeutic value.

The third type of reaction amounts to a failure to co-operate at all. The patient refuses to be seduced into acting and probably doubts the whole analytic procedure.

There is no doubt that important things can be learned about the patient's character structure from these ways of reacting, but I think the risk involved outweighs any possible benefit.

It is my opinion that one of the most important functions of the analyst is to keep the patient in contact with reality. In the patient's most disturbed and irrational moments, he must be able to feel that the analyst is not deceived about reality. If, for example, he is attacking the analyst in rage, with strong feelings that the analyst has failed him or what not, he must be able to know with some remnant of rationality in himself that his accusations are not true, and that the analyst really wishes him well. The co-operative acting out on the part of the analyst, described by Ferenczi, can make the patient believe the analyst is really involved, and the function of reality testing is lost.

To summarize: I would agree with Mrs. de Forest on the importance of Ferenczi's emphasis on the significance of the real personality of the analyst in the total situation. I believe it plays a part in the patient's cure. I also agree that the analyst must give the patient the 'love' he needs if he is to have enough security to proceed. That this loving of the patient must be spontaneous and disinterested, i.e. not growing out of any need of the analyst's, goes without saying. I am sure that I cannot endorse the lengths to which Ferenczi went in this matter. I feel that Mrs. de Forest also differs from me somewhat here. I have the impression she feels that more definite assertions of liking are necessary than I have found to be the case.

However, my real difference with her and Ferenczi is about the therapeutic value of building up tension deliberately in order to increase the dramatic tone of the analysis. I do not deny that at times this may have a therapeutic effect, but, in general, I believe it not only has no therapeutic value but actually increases the patient's hazards.

UNTRANSLATED FREUD

(8) REMARKS UPON THE THEORY AND PRACTICE OF DREAM-INTERPRETATION (1923) [1]

The accidental circumstance that the last editions of my *Traumdeutung* have been printed from stereotype has led me to issue the following remarks in an independent form, instead of introducing them into the text as modifications or additions.

I

In interpreting a dream during an analysis a choice lies open to one between several technical procedures.

One can (*a*) proceed chronologically and get the dreamer to bring up his associations to the elements of the dream in the order in which those elements occurred in his account of the dream. This is the original, classical method, which I still regard as the best if one is analysing one's own dreams.

Or one can (*b*) start the work of interpretation from some one particular element of the dream which one picks out from the middle of it. For instance, one can choose the most striking piece of it, or the piece which shows the greatest clarity or sensory intensity; or, again, one can start off from some spoken words in the dream, in the expectation that they will lead to the recollection of some spoken words in waking life.

Or one can (*c*) begin by entirely disregarding the manifest content and instead ask the dreamer what events of the previous day are associated in his mind with the dream he has just described.

Finally, one can (*d*), if the dreamer is already familiar with the technique of interpretation, avoid giving him any instructions and leave it to him to decide with which associations to the dream he shall begin.

I cannot lay it down that one or the other of these techniques is preferable or in general yields better results.

II

What is of far greater importance is the question of whether the work of interpretation proceeds under a pressure of resistance which is high or low —a point upon which the analyst never remains long in doubt. If the pressure is high, one may perhaps succeed in discovering what the things are with which the dream is concerned, but one cannot make out what it says about these things. It is as though one were trying to listen to a conversation taking place at a distance or in a very low voice. In that case, one can feel confident that there is not much prospect of collaborating with the dreamer, one decides not to bother too much about it and not to give him much help, and one is content to put before him a few translations of symbols that seem probable.

The majority of dreams in a difficult analysis are of this kind; so that one cannot learn much from them about the nature and mechanism of dream-formation. Least of all can one learn anything from them upon the recurring question of where the dream's wish-fulfilment may lie hidden.

When the pressure of resistance is quite extremely high, one meets with the phenomenon

[1] [First published in German, *Int. Z. Psychoanal.*, **9**, 1–11. Reprinted in *Gesammelte Schriften*, III, 305–318.]

of the dreamer's associations broadening instead of deepening. In place of the desired associations to the dream that has already been described, there appear a constant succession of new fragments of dream, which in their turn remain without associations. It is only when the resistance is kept within moderate limits that the familiar picture of the work of interpretation comes into view: the dreamer's associations begin by *diverging* widely from the manifest elements, so that a great number of subjects and ranges of ideas are touched upon, after which, a second series of associations suddenly *converge* from these on to the dream-thoughts that are being looked for. When this is so, collaboration between the analyst and the dreamer becomes possible; whereas under a high pressure of resistance it would not even be of any advantage.

A number of dreams which occur during analyses are untranslatable without precisely making much show of the resistance that is there. They exhibit free renderings of the latent dream-thoughts that lie behind them and are comparable to successful creative writings which have been artistically worked over and in which the basic themes are still recognizable though they have been subjected to any amount of re-arrangement and transformation. Dreams of this kind serve in the treatment as an introduction to thoughts and memories of the dreamer without their own actual content coming into account.

III

It is possible to distinguish between dreams *from above* and dreams *from below*, provided the distinction is not made too sharply. Dreams from below are those which are provoked by the strength of an unconscious (repressed) wish which has found a means of being represented in some of the day's residues. They may be regarded as inroads of the repressed into waking life. Dreams from above correspond to thoughts or intentions of the day before which have contrived during the night to obtain reinforcement from repressed material which is debarred from the ego. When this is so, analysis as a rule disregards this unconscious ally and succeeds in inserting the latent dream-thoughts into the complex of waking thought. This distinction calls for no alteration in the theory of dreams.

IV

In some analyses, or in some periods of an analysis, there may occur a separation between dream-life and waking life, like the separation between the activity of phantasy and waking life which is found in the 'continued story' (a novel in day-dreams). In that case one dream leads off from another, taking as its central point some element which was lightly touched upon in its predecessor, and so on. But we find far more frequently that dreams are not attached to one another but are interpolated into a successive series of fragments of waking thought.

V

The interpretation of a dream falls into two phases: the phase in which it is translated and the phase in which it is judged or has its value assessed. During the first phase one must not allow oneself to be influenced by any consideration whatever for the second phase. It is as though one had before one a chapter from some work in a foreign language—by Livy, for instance. The first thing one wants to know is what Livy says in the chapter; and it is only after this that the discussion arises of whether what one has read is a historical narrative or a legend or a digression on the part of the author.

What conclusions can one draw from a correctly translated dream? I have an impression that analytic practice has not always avoided errors and over-estimates on this point, partly owing to an exaggerated respect for the 'mysterious unconscious'. It is only too easy to forget that a dream is as a rule merely a thought like any other, made possible by an easing-up of the censorship and by unconscious intensification, and distorted by the operation of the censorship and by unconscious elaboration.

Let us take as an example the so-called dreams of recovery. If a patient has had a dream of this kind, in which he seems to abandon the restrictions of his neurosis—if, for instance, he overcomes some phobia or gives up some emotional attachment—we are inclined to think that he has made a great step forward, that he is ready to take his place in a new condition of life, that he has begun to reckon upon his recovery, etc. This may often be true, but quite as often such dreams of recovery only have the value of dreams of convenience: they signify a wish to be well at last, in order to avoid another portion of the work of analysis which is felt to lie ahead. In this sense, dreams of recovery very frequently occur, for instance, when the patient is about to enter upon a new and disagreeable phase of the transference. He is behaving just like some neurotics who after a few hours of analysis declare they have been cured—because they want to escape all the unpleasantness that is bound to come up for discussion in the analysis. Sufferers from war neuroses, too, who gave up their symptoms because the therapy adopted by the army doctors succeeded in making being ill even more uncomfortable than serving at the front—these sufferers, too, were following the same economic laws, and in both cases alike the cures have proved to be only temporary.

VI

It is by no means easy to arrive at general conclusions upon the value of correctly translated dreams. If a conflict of ambivalence is taking

place in a patient, then the emergence in him of a hostile thought certainly does not imply a permanent overcoming of his affectionate impulse, that is to say, a resolution of the conflict : neither does any such implication follow from a *dream* with a similarly hostile subject-matter. During a conflict of ambivalence such as this, there are often two dreams every night, each of them representing an opposite position. In that case the progress lies in the fact that a complete isolation of the two contrasted impulses has been achieved and that each of them, with the help of its unconscious intensifications, can be followed and understood to its extreme limits. And if it sometimes happens that one of the two ambivalent dreams has been forgotten, one must not be deceived into assuming that a decision has been made in favour of the one side. The fact that one of the dreams has been forgotten shows, it is true, that for the moment one tendency is in the ascendant, but that is true only of the one day, and may be changed. The next night may perhaps bring the opposite expression into the foreground. The true state of the conflict can only be determined by a consideration of all the other indications, including those of waking life.

VII

The question of the value to be assigned to dreams is intimately related to the other question of their susceptibility to influence from ' suggestion ' by the physician. Analysts may at first be alarmed at the mention of this possibility. But on further reflection this alarm will give place to the realization that the influencing of the patient's dreams is no more a blunder on the part of the analyst or disgrace to him than the guiding of the patient's conscious thoughts.

The fact that the manifest content of dreams is influenced by the analytic treatment stands in no need of proof. It follows from our knowledge that dreams are dependent upon waking life and work over material derived from it. Occurrences during analytic treatment are of course among the impressions of waking life and soon become some of the most powerful of these. So it is not to be wondered at that the patient should dream of things which the analyst has discussed with him and the expectation of which he has aroused in him. At least it is no more to be wondered at than what is implied in the familiar fact of ' experimental ' dreams.

And from here our interest proceeds to the question whether the latent dream-thoughts that have to be arrived at by interpretation can also be influenced or suggested by the analyst. And to this the answer must once more be that they obviously can be. For a portion of these latent dream-thoughts correspond to preconscious thought-formations, perfectly capable of being conscious, with which the dreamer might quite well have reacted to the physician's remarks in his waking state too—whether the patient's reactions were favourable to those remarks or in opposition to them. In fact, if we replace the dream by the dream-thoughts which it contains, the question of how far one can suggest dreams coincides with the more general question of how far a patient in analysis is accessible to suggestion.

On the mechanism of dream-formation itself, on the dream-work in the strict sense of the word, one never exercises any influence : of that one may be quite sure.

Besides that portion of the dream which we have already discussed—the preconscious dream-thoughts —every true dream contains indications of the repressed wish-impulses to which it owes the possibility of its formation. The doubter will reply that they appear in the dream because the dreamer knows that he ought to produce them—that they are expected by the analyst. The analyst himself will rightly think otherwise.

If a dream brings up situations that can be interpreted as referring to scenes from the dreamer's past, it seems especially important to ask whether the physician's influence can also play a part in such elements as those. And this question is most urgent of all in the case of what are called ' confirmatory ' dreams, dreams which, as it were, lag after the analysis. With some patients these are the only dreams that one obtains. They reproduce the forgotten experiences of their childhood only after one has constructed them from their symptoms, associations and other signs and has propounded these constructions to them. Then follow the confirmatory dreams, concerning which, however, the doubt arises whether they may not be entirely without evidential value, since they may have been imagined in compliance with the physician's words instead of having been brought to light from the dreamer's unconscious. This ambiguous position cannot be escaped in the analysis, since with these patients unless one interprets, constructs and propounds, one never obtains access to what is repressed in them.

The situation takes a favourable turn if the analysis of a confirmatory, lagging dream of this sort is immediately followed by feelings of remembering what has hitherto been forgotten. But even then the sceptic can fall back upon an assertion that the recollections are illusory. Moreover, such feelings are for the most part absent. The repressed material is only allowed through bit by bit ; and every lack of completeness inhibits or delays the forming of a sense of conviction. Furthermore, what we are dealing with may not be the reproduction of a real and forgotten event but the emergence of an unconscious phantasy, about which no feeling of memory is ever to be expected, though the possibility may sometimes remain of a sense of subjective conviction.

Is it possible, then, that confirmatory dreams

are really the result of suggestion, that they are dreams of compliance? The patients who produce only confirmatory dreams are the same patients in whom doubt plays the principal part in resistance. One makes no attempt at shouting down this doubt by means of one's authority or at reducing it by arguments. It must persist until it is brought to an end in the further course of the analysis. The analyst, too, may himself retain a doubt of the same kind in the particular case. What makes him certain in the end is precisely the complication of the problem before him, which is like the solution of a jig-saw puzzle. A coloured picture, pasted upon a thin sheet of wood and fitting exactly into a wooden frame, is cut into a large number of pieces of the most irregular and crooked shapes. If one succeeds in arranging the confused heap of fragments, each of which bears upon it an unintelligible piece of drawing, so that the picture acquires a meaning, so that there is no gap anywhere in the design and so that the whole fits into the frame—if all these conditions are fulfilled, then one knows that one has solved the puzzle and that there is no alternative solution.

A comparison of this kind can of course have no meaning for a patient while the work of analysis is still uncompleted. At this point I recall a discussion which I was led into with a patient whose exceptionally ambivalent attitude was expressed in the most intense compulsive doubt. He did not dispute my interpretations of his dreams and was very much struck by their agreement with the hypotheses which I put forward. But he asked whether these confirmatory dreams might not be an expression of his compliance towards me. I pointed out that the dreams had also brought up a quantity of details of which I could have had no suspicion and that his behaviour in the treatment apart from this had not been precisely characterized by compliance. Whereupon he switched over to another theory and asked whether his narcissistic wish to be cured might not have caused him to produce these dreams, since, after all, I had held out to him a prospect of recovery if he were able to accept my constructions. I could only reply that I had not yet come across any such mechanism of dream-formation; but a decision was reached by another road. He recollected some dreams which he had had before starting analysis and indeed before he had known anything about it; and the analysis of these dreams, which were free from all suspicion of suggestion, led to the same interpretations as the later ones. It is true that his obsession for contradiction once more found a way out in the idea that the earlier dreams had been less clear than those that occurred during the treatment; but I was satisfied with their similarity. I think that in general it is a good plan occasionally to bear in mind the fact that people were in the habit of dreaming before there was such a thing as psycho-analysis.

VIII

It may well be that dreams during psycho-analysis succeed in bringing to light what is repressed to a greater extent than dreams outside that situation. But it cannot be proved, since the two situations are not comparable; the employment of dreams in analysis is something very remote from their original purpose. On the other hand, it cannot be doubted that within an analysis far more of the repressed is brought to light in connection with dreams than by any other method. In order to account for this, there must be some motive power, some unconscious force, which is better able to lend support to the purposes of analysis during the state of sleep than at other times. What is here in question cannot well be any factor other than the patient's compliance towards the analyst which is derived from his parental complex—in other words, the positive portion of what we call the transference; and, in fact, in many dreams which recall what has been forgotten and repressed, it is impossible to discover any other unconscious wish to which the motive force for the formation of the dream can be attributed. So that if anyone wishes to maintain that most of the dreams that can be made use of in analysis are dreams of compliance and owe their origin to suggestion, nothing can be said against that opinion from the point of view of analytical theory. I need only add a reference to what I have said in my *Introductory Lectures* [Lecture XXVIII], where I have dealt with the relation between transference and suggestion and shown how little the trustworthiness of our results is affected by a recognition of the operation of suggestion in our sense of the word.

In *Beyond the Pleasure Principle* [Translation, pp. 17–25] I have dealt with the economic problem of how what are in every respect the painful experiences of the early infantile sexual period can succeed in forcing their way through to any kind of reproduction. I was obliged to ascribe to them an extraordinarily strong upward drive in the shape of the 'repetition-compulsion', which is able to overcome the repression which, in the service of the pleasure principle, weighs down upon them—though not until 'the work of the treatment, operating in the same direction, has loosened the repression'. Here we may add that it is the positive transference that gives this assistance to the repetition-compulsion. Thus an alliance has been made between the treatment and the repetition-compulsion, which is directed in the first instance against the pleasure principle but of which the ultimate purpose is the establishment of the dominion of the reality principle. As I have shown in the passage to which I am referring, it happens only too often that the repetition-compulsion throws over its obligations under this alliance and does not content itself with the return of the repressed in the form of dream-pictures.

IX

So far as I can at present see, dreams that occur in a traumatic neurosis are the only *genuine* exceptions, and punishment dreams are the only *apparent* exceptions, to the wish-fulfilling tendency of dreams. In the latter class of dreams we are met by the remarkable fact that actually nothing belonging to the latent dream-thoughts is taken up into the manifest content of the dream. Something quite different appears instead, which must be described as a reaction-formation against the dream-thoughts, a rejection and complete contradiction of them. Such offensive action as this against the dream can only be ascribed to the critical function of the ego and it must therefore be assumed that the latter, provoked by the unconscious wish-fulfilment, has been temporarily re-established even during the sleeping state. It might have reacted to the undesirable content of the dream by waking up ; but it has found a means, by the construction of the punishment dream, of avoiding an interruption of sleep.

For instance, in the case of the well-known dreams of the poet Rosegger which I have mentioned in *The Interpretation of Dreams* [Translation, Third Edition, pp. 438–440], we must suspect the existence of a suppressed version with an arrogant and boastful text, whereas the actual dream said to him : ' You are an incompetent journeyman-tailor.' It would of course be useless to look for a repressed wish-impulse as the motive power for a manifest dream such as this ; one must be content with the fulfilment of the wish for self-criticism.

A dream-structure of this kind will excite less astonishment if one considers how frequently dream-distortion, acting in the service of the censorship, replaces a particular element by something that is in some sense or other its opposite or contrary. It is only a short step from there to the replacement of a characteristic portion of the content of the dream by a defensive denial, and one further step will lead to the whole objectionable dream-content being replaced by the punishment dream. I should like to give a couple of characteristic examples of the intermediate phase in the falsification of the manifest content.

Here is an extract from the dream of a girl with a strong father fixation who had difficulty in talking during the analysis. She was sitting in a room with a girl friend, and dressed only in a kimono. A gentleman came in and she felt embarrassed. But the gentleman said : ' Why, this is the girl we once saw so nicely dressed ! '— The gentleman stood for me, and, further back, for her father. But we can make nothing of the dream unless we make up our mind to replace the most important element in the gentleman's speech by its contrary : ' This is the girl I once saw *undressed* and who looked so nice then ! ' When she was a child of three or four she had for some time slept in the same room as her father and everything goes to suggest that she used then to throw back her clothes in her sleep in order to look pleasing to her father. The subsequent repression of her pleasure in exhibiting herself was the motive for her secretiveness in the treatment, her dislike of showing herself openly.

And here is another scene from the same dream. She was reading her own case history, which she had before her in print. In it was a statement that a young man murdered his *fiancée*—cocoa—that comes under anal erotism. This last phrase was a thought that she had in the dream at the mention of cocoa.—The interpretation of this piece of the dream was even more difficult than the former one. It emerged at last that before going to sleep she had been reading my ' History of an Infantile Neurosis ' [*Collected Papers*, Vol. III], the central point of which is the real or imagined observation by a patient of his parents copulating. She had already once before related this case history to her own, and this was not the only indication that in her case as well there was a question of an observation of the same kind. The young man murdering his *fiancée* was a clear reference to a sadistic view of the scene of copulation. But the next element, the cocoa, was very remote from it. Her only association to cocoa was that her mother used to say that cocoa gave one a headache, and she maintained that she had heard the same thing from other women. Moreover she had at one time identified herself with her mother by means of headaches like hers. Now I could find no link between the two elements of the dream except by supposing that she wanted to make a diversion from the consequences of the observation of coitus. No, it had nothing to do with the procreation of children. Children came from something one ate (as they do in fairy tales) ; and the mention of anal erotism, which looks like an attempt in the dream at interpretation, supplemented the infantile theory which she had called to her help by the addition of anal birth.

X

Astonishment is sometimes expressed at the fact that the dreamer's ego can appear two or more times in the manifest dream, once as himself and again disguised behind the figures of other people. During the course of the construction of the dream, the secondary elaboration has evidently sought to obliterate this multiplicity of the ego, which does not suit any scenic situation ; but it is re-established by the work of interpretation. In itself this multiplicity is no more remarkable than the multiple appearance of the ego in a waking thought, especially when the ego divides itself into subject and object, puts one part of itself as an observing and critical institution in contrast to the other, or compares its present nature with its recollected past, which was also ego once : for

instance, in such sentences as ' When *I* think what *I*'ve done to this man ' or ' When *I* think that *I* too was a child once '. But I should reject as a meaningless and unjustifiable piece of speculation the notion that all the figures that appear in a dream are to be regarded as fragmentations and representatives of the dreamer's own ego. It is enough that we should keep firmly to the fact that the separation of the ego from an observing, critical, punishing institution (an ego-ideal) must be taken into account in the interpretation of dreams.

(9) SOME ADDITIONAL NOTES UPON DREAM-INTERPRETATION AS A WHOLE (1925) [1]

(A) THE POSSIBLE LIMITS OF INTERPRETATION

It may be asked whether it is possible to give a complete and assured translation into the language of waking life (that is, an interpretation) of every product of dream-life. This question will not be treated in the abstract but with reference to the conditions under which one works at interpreting dreams.

Our mental activities pursue either a useful aim or the immediate attainment of pleasure. In the former case what we are dealing with are intellectual judgements, preparations for action or information conveyed to other people. In the latter case we describe them as play or phantasy. What is useful is itself (as is well known) only a circuitous path to pleasurable satisfaction. Now, dreaming is an activity of the second kind, which is indeed, from the point of view of evolution, the earlier one. It is misleading to say that dreams are concerned with the tasks of life before us or seek to find a solution for the problems of our daily work. That is the business of preconscious thought. Useful work of this kind is as remote from dreams as is any intention of conveying information to another person. When a dream deals with a problem of actual life, it solves it in the manner of an irrational wish and not in the manner of a reasonable reflection. There is only one useful task, only one function, that can be ascribed to a dream, and that is the guarding of sleep from interruption. A dream may be described as a piece of phantasy working on behalf of the maintenance of sleep.

It follows from this that it is on the whole a matter of indifference to the sleeping ego what may be dreamed during the night so long as the dream performs its task, and that those dreams best fulfil their function about which there is nothing to be said after waking. If it so often happens otherwise, if we remember dreams—even after years and decades—it always means that there has been an irruption of the repressed unconscious into the normal ego. Unless the repressed had been pacified in this way, it would not have consented to lend its help to the removal of the threat of disturbance to sleep. We know that it is the fact of this irruption that gives the dream its importance for psychopathology. If we can uncover the dream's motivating force, we shall obtain unsuspected information about the repressed impulses in the unconscious; and on the other hand, if we can undo its distortions, we shall overhear preconscious thinking in states of internal reflection which would not have attracted consciousness to themselves during the daytime.

No one can practice the interpretation of dreams as an isolated activity: it remains a part of the work of analysis. In analysis we direct our interest according to necessity, now to the preconscious content of the dream and now to the unconscious contribution to its formation; and we often neglect the one element in favour of the other. Nor would it be of any avail for anyone to endeavour to interpret dreams outside analysis. He would not succeed in escaping the conditions of the analytic situation; and if he worked at his own dreams, he would be undertaking a self-analysis. This comment would not apply to someone who did without the dreamer's collaboration and sought to interpret dreams by intuitive insight. But dream-interpretation of such a kind, without reference to the dreamer's associations, would in the most favourable case remain a piece of unscientific virtuosity of the most doubtful value.

If one practises dream-interpretation according to the sole justifiable technical procedure, one soon notices that success depends entirely upon the tension of resistance between the awakened ego and the repressed unconscious. Work under a ' high pressure of resistance ' demands (as I have explained elsewhere) a different attitude on the part of the analyst from work under a low pressure. In analysis one has for long periods at a time to deal with strong resistances which are still unknown to one and which it will in any case be impossible to overcome so long as they remain unknown. It is therefore not to be wondered at that only a certain portion of a patient's dream-products can be translated and made use of, and even at that not completely. Even if, owing to one's own experience, one is in a position to understand many dreams to which the dreamer has contributed little, one must always remember that the certainty of such interpretations remains in doubt and one

[1] [These three notes appeared for the first time in German in *Gesammelte Schriften*, III, 172–184. They were evidently intended for inclusion in the then forthcoming eighth German edition of the *Traumdeutung*. For some reason, however, they were omitted from it and were consequently also omitted from the Revised Edition of the English translation based upon it in 1932.]

hesitates to press one's conjectures upon the patient.

Critical voices will now be raised. It will be objected that, since it is not possible to interpret every dream that is dealt with, one should cease from asserting more than one can establish and should be content to say that *some* dreams can be shown by interpretation to have a meaning but that as to the rest we are in ignorance. But the very fact that success in interpretation depends upon the resistance absolves the analyst from the necessity for such modesty. He can have the experience of a dream which was at first unintelligible becoming clear during the very same hour after some fortunate piece of analytic work has got rid of one of the dreamer's resistances. A portion of the dream which he had hitherto forgotten may suddenly occur to him and may bring the key to the interpretation; or a new association may emerge which may throw light upon the darkness. It sometimes happens, too, that, after months or years of analytic labour, one returns to a dream which at the beginning of the treatment seemed meaningless and incomprehensible but which is now, in the light of knowledge obtained in the meantime, completely elucidated. And if one further takes into consideration the argument from the theory of dreams that the model dreams produced by children invariably have a clear meaning and are easy to interpret, then it will be justifiable to assert that dreams are quite generally mental structures that are capable of interpretation, though the situation may not always allow of an interpretation being reached.

When the interpretation of a dream has been discovered, it is not always easy to decide whether it is a 'complete' one—that is, whether further preconscious thoughts may not also have found expression in the same dream. In that case we must consider the meaning proved which is based upon the dreamer's associations and our estimate of the situation, without on that account feeling bound to reject the other meaning. It remains possible, though unproven: one must become accustomed to a dream being thus capable of having many meanings. Moreover, the blame for this is not always to be laid upon incompleteness of the work of interpretation; it may just as well be inherent in the latent dream-thoughts themselves. Indeed it may happen in waking life, quite apart from the situation of dream-interpretation, that one is uncertain whether some remark that one has heard or some piece of information that one has received justifies one in coming to such and such a conclusion or whether it is hinting at something else beyond its obvious meaning.

One interesting occurrence which has been insufficiently investigated is to be seen where the same manifest dream-content gives simultaneous expression to a set of concrete ideas and to an abstract line of thought based upon them. It is of course difficult for the dream-work to find a means for representing abstract thoughts.

(B) MORAL RESPONSIBILITY FOR THE CONTENT OF DREAMS

In the introductory chapter of this book [*The Interpretation of Dreams*] (which deals with 'The Scientific Literature of Dream-Problems') I have shown the way in which writers have reacted to what is felt as the painful fact that the unbridled content of dreams is so often at odds with the moral sense of the dreamer. (I deliberately avoid speaking of 'criminal' dreams, as such a description, which passes beyond the limits of psychological interest, seems to me quite unnecessary.) The immoral character of dreams has naturally provided a fresh motive for denying them any psychological value. If dreams are the meaningless product of disordered mental activity, then there can be no ground for assuming responsibility for their apparent content.

The problem of responsibility for the manifest content of dreams has been fundamentally shifted and indeed disposed of by the explanations given in my *Interpretation of Dreams*.

We know now that the manifest content is an illusion, a *façade*. It is not worth while to submit it to an ethical examination or to take its breaches of morality any more seriously than its breaches of logic or mathematics. When the 'content' of the dream is spoken of, what must be referred to can only be the content of the preconscious thoughts and of the repressed wish-impulse which are revealed behind the *façade* of the dream by the work of interpretation. Nevertheless, this immoral *façade* has a question to put to us. We have heard that the latent dream-thoughts have to submit to a severe censorship before they are allowed access to the manifest content. How can it happen, then, that this censorship, which makes difficulties over more trivial things, breaks down so completely over these manifestly immoral dreams?

The answer is not easy to come by and may perhaps not seem completely satisfying. If, in the first place, one submits these dreams to interpretation, one finds that some of them have given no offence to the censorship because *au fond* they have no bad meaning. They are innocent boastings or identifications that put up a mask of pretence; they have not been censored because they do not tell the truth. But others of them—and, it must be admitted, the majority—really mean what they say and have undergone no distortion from the censorship. They are an expression of immoral, incestuous and perverse impulses or of murderous and sadistic lusts. The dreamer

reacts to many of these dreams by waking up in a fright, in which case the situation is no longer obscure to us. The censorship has neglected its task, this has been noticed too late, and the development of anxiety is a substitute for the distortion that has been omitted. In still other instances of such dreams, even that expression of emotion is absent. The objectionable matter is supported by the height of the sexual excitement that has been reached during the sleep, or it is viewed with the same tolerance with which even a waking person can regard a fit of rage, an angry mood or the indulgence in cruel phantasies.

But our interest in the genesis of these *manifestly* immoral dreams is greatly reduced when we find from analysis that the majority of dreams—innocent dreams, dreams without affect and anxiety dreams—are revealed, when the distortions of the censorship have been undone, as the fulfilments of immoral—egoistic, sadistic, perverse or incestuous—wish-impulses. As in the world of waking life, these masked criminals are far commoner than those with their vizors raised. The straightforward dream of sexual relations with one's mother, which Jocasta alludes to in the *Œdipus Rex*, is a rarity in comparison with all the multiplicity of dreams which psycho-analysis must interpret in the same sense.

I have dealt so exhaustively in these pages with this characteristic of dreams, which indeed provides the motive for their distortion, that I can pass at once from this topic to the problem that lies before us: Must one assume responsibility for the content of one's dreams? For the sake of completeness, it must, however, be added that dreams do not always offer immoral wish-fulfilments, but often energetic reactions against them in the form of 'punishment dreams'. In other words, the dream-censorship can not only express itself in distortions and the development of anxiety, but can go so far as to blot out the immoral subject-matter completely and replace it by something else that serves as an atonement, though it allows one to see what lies behind. But the problem of responsibility for the immoral content of dreams no longer exists for us as it formerly did for writers who knew nothing of latent dream-thoughts and the repressed part of our mental life. Obviously one must hold oneself responsible for the evil impulses of one's dreams. In what other way can one deal with them? Unless the content of the dream (rightly understood) is inspired by alien spirits, it is a part of my own being. If I seek to classify the impulses that are present in me according to social standards into good and bad, I must assume responsibility for both sorts; and if, in defence, I say that what is unknown, unconscious and repressed in me is not my 'ego', then I shall not be basing my position upon psycho-analysis, I shall not have accepted its conclusions and I shall perhaps be taught better by the criticisms of my fellow-men, by the disturbances in my actions and the confusion of my feelings. I shall perhaps learn that what I am repudiating not only 'is' in me but sometimes 'acts' from out of me as well.

It is true that in the metapsychological sense this bad repressed content does not belong to my 'ego'—that is, assuming that I am a morally blameless individual—but to an 'id' upon which my ego is seated. But this ego developed out of the id, it forms with it a single biological unit, it is only a specially modified peripheral portion of it, it is subject to the influences and obeys the suggestions that arise from the id. For any vital purpose, the separation of the ego from the id would be a hopeless undertaking.

Moreover, if I were to give way to my moral pride and tried to decree that for purposes of moral valuation I might disregard the evil in the id and need not make my ego responsible for it, what use would that be to me? Experience shows me that I nevertheless do take that responsibility, that I am somehow compelled to do so. Psycho-analysis has made us familiar with a pathological condition, the obsessional neurosis, in which the poor ego feels itself responsible for all sorts of evil impulses of which it knows nothing, impulses which are brought up against it in consciousness but which it is unable to acknowledge. Something of this is present in every normal person. It is a remarkable fact that the more moral he is the more sensitive is his 'conscience'. It is just as though we could say that the healthier a man is, the more liable he is to contagions and to the effects of injuries. This is no doubt because conscience is itself a reaction-formation against the evil that is perceived in the id. The more the latter is suppressed the more active is the conscience.

The ethical narcissism of humanity should rest content with the knowledge that the fact of distortion in dreams, as well as the existence of anxiety dreams and punishment dreams, afford just as clear evidence of his moral nature as dream-interpretation gives of the existence and strength of his evil nature. If anyone is dissatisfied with this and would like to be 'better' than he was created, let him see whether he can attain more in life than hypocrisy or inhibition.

The physician will leave it to the jurist to erect a responsibility that is artificially limited to the metapsychological ego. It is notorious that the greatest difficulties are encountered in attempts to derive from that construction any practical consequences that are not in contradiction to human feelings.

(C) THE OCCULT SIGNIFICANCE OF DREAMS

There seems to be no end to the problems of dream-life. But this can only be surprising if we forget that all the problems of mental life are repeated in dreams with the addition of a few new

ones arising from the special nature of dreams. But many of the things that we study in dreams, because we meet with them there, have little or nothing to do with the psychological peculiarity of dreams. Thus, for instance, symbolism is not a dream-problem, but a topic connected with our archaic thinking—our ' primal speech ', as it was aptly called by the paranoic Schreber. It dominates myths and religious ritual no less than dreams, and dream-symbolism can scarcely even claim as a peculiarity the fact of its concealing more particularly what is important sexually. Again, it is not to be expected that the explanation of anxiety dreams will be found in the theory of dreams. Anxiety is a problem rather of neurosis, and all that remains to be discussed is how it comes about that anxiety can arise under dream conditions.

The position is just the same, I think, in the matter of the occult world. But, since dreams themselves have always been mysterious things, they have been brought into intimate connection with the other unknown mysteries. No doubt, too, they have a historic claim to that position, since in primæval ages, when our mythology was being formed, dream-pictures may have played a part in the origin of ideas about spirits.

There would seem to be two categories of dreams with a claim to being reckoned as occult phenomena : prophetic dreams and telepathic ones. A countless multitude of witnesses speak in favour of both of them, while against both of them there is the obstinate aversion, or maybe prejudice, of science.

There can, indeed, be no doubt that there are such things as prophetic dreams, in the sense that their content gives some sort of picture of the future ; the only question is whether these predictions coincide to any noticeable extent with what really happens subsequently. I must confess that upon this point my resolution in favour of impartiality deserts me. The notion that there is any mental power, apart from acute calculation, which can foresee future events in detail is on the one hand too much in contradiction to all the expectations and presumptions of science and on the other hand corresponds too closely to certain ancient and familiar human desires which criticism must reject as unjustifiable pretensions. I am therefore of opinion that after one has taken into account the untrustworthiness, credulity and unconvincingness of most of these reports, together with the possibility of falsifications of memory facilitated by emotional causes and the inevitability of a few lucky shots, it may be anticipated that the spectre of prophetic dreams will disappear into nothing. Personally, I have never experienced anything or learnt of anything that could encourage a more favourable presumption.

It is otherwise with telepathic dreams. But at this point it must be made quite clear that no one has yet maintained that telepathic phenomena—the reception of a mental process by one person from another by means other than sensory perception—are exclusively related to dreams. Thus once again telepathy is not a dream-problem : our judgement upon whether it exists or not need not be based on a study of telepathic dreams.

If reports of telepathic occurrences (or, to speak less exactly, of thought-transference) are submitted to the same criticism as stories of other occult events, there remains a considerable amount of material which cannot be so easily neglected. Further, it is much more possible to collect observations and experiences of one's own in this field which justify a favourable attitude to the problem of telepathy, even though they may not be enough to carry an assured conviction. One arrives at a provisional opinion that it may well be that telepathy really exists and that it provides the kernel of truth in many other hypotheses that would otherwise be incredible.

It is certainly right in what concerns telepathy, too, to adhere obstinately to a sceptical position and only to yield grudgingly to the force of evidence. I believe I have found a class of material which is exempt from the doubts which are otherwise justified—namely, unfulfilled prophecies of professional fortune-tellers. Unluckily I have but few such observations at my disposal ; but two among these have made a powerful impression on me. I am not in a position to describe them in such detail as would produce a similar effect upon other people, and I must restrict myself to bringing out a few essential points.

A prediction was made, then, to the people in question (at a strange place and by a strange fortune-teller, who at the same time went through some, presumably irrelevant, performances) that something would happen to them at a particular time, which in fact did *not* happen. The date at which the prophecy should have come true was long past. It was striking that those concerned told of their experience not with derision or disappointment but with obvious satisfaction. Included among what had been told them there were certain quite definite details which seemed capricious and unintelligible and would only have been justified if they had hit the mark. Thus, for instance, the palmist told a woman who was twenty-seven (though she looked much younger) and who had taken off her wedding-ring, that she would be married and have two children before she was thirty-two. The woman was forty-three when, now seriously ill, she told me the story in her analysis : she had remained childless. If one knew her private history (of which the ' Professor ' in the lounge of the Paris hotel was certainly ignorant) one could understand the two numbers included in the prophecy. The girl had married after an unusually intense attachment to her father and had then had a passionate longing

for children, so as to be able to put her husband in the place of her father. After years of disappointment, when she was on the brink of a neurosis, she obtained the prophecy, which promised her—the lot of her mother. For it was a fact that the latter had had two children by the time she was thirty-two. Thus it was only by the help of psycho-analysis that it was possible to give a significant interpretation of the peculiarities of this pretended message from without. But there was then no better explanation of the whole unambiguous series of events then to suppose that a strong wish on the part of the questioner—the strongest unconscious wish, in fact, of her whole emotional life and the motive force of her impending neurosis—had made itself manifest by being directly transferred to the fortune-teller, who was distracted at the time by the performances he was going through.

I have often had an impression, in the course of experiments in my private circle, that strongly emotionally coloured recollections can be successfully transferred without much difficulty. If one then proceeds to submit to an analytical examination the associations of the person to whom the thoughts have been transferred, correspondences often come to light which would otherwise have remained undiscovered. On the basis of much experience I am inclined to draw the conclusion that thought-transference of this kind comes about particularly easily at the moment at which an idea emerges from the unconscious, or, in theoretical terms, when it passes over from the ' primary process ' to the ' secondary process '.

In spite of the caution which is prescribed by the importance, novelty and obscurity of the subject, I feel that I should not be justified in holding back any longer these considerations upon the problem of telepathy. All of this has only this much to do with dreams: if there are such things as telepathic messages, the possibility cannot be dismissed of their reaching someone during sleep and being received by him in a dream. Indeed, on the analogy of other perceptual and intellectual material, the further possibility arises that telepathic messages received in the course of the day may only be dealt with during a dream of the following night. There would then be nothing contradictory in the material that had been telepathically communicated being modified and transformed in the dream like any other material. It would be satisfactory if with the help of psychoanalysis we could obtain further and better authenticated knowledge of telepathy.

BOOK REVIEWS

PSYCHOPATHOLOGY

A History of Medical Psychology. By Gregory Zilboorg, in collaboration with George W. Henry. (W. W. Norton & Co. Inc., New York; George Allen and Unwin, Ltd., London, 1941. Pp. 606. Price, $5.00; 28*s*.)

Even if Dr. Zilboorg had not himself contributed so brilliantly to the subject of medical psychology he would have made a name by this book, which is of outstanding value. It has two special merits. In the first place it is a full, accurate, and extraordinarily learned presentation of its subject, and must rank as a first-rate and lasting text-book on it. The author has expended sixteen years on what was evidently a labour of love, and we are glad to express to him our gratitude for the result. Then, and what is even more important, the author displays a remarkable grasp of essentials, and illumines his story with reflections that show how deeply and profitably he has assimilated his extensive knowledge. With a true sense of history and with an unusual philosophic breadth of scope, he allows a keen imagination continually to penetrate below the surface of things and discover their inner meaning. To do this he views each step in development, and each set-back, through contemporary eyes, and is thus far removed from those who pass superior judgements from the standpoint of later epochs. All this means tolerance, understanding and objectivity, qualities the author possesses in high order.

Dr. Zilboorg views the development of psychiatry in the closest relation to the cultural background of the moment. His concluding words are: ' The whole course of the history of medical psychology is punctuated by the medical man's struggle to rise above the prejudice of all ages in order to identify himself with the psychological realities of his patients. Every time such an identification was achieved the medical man became a psychiatrist. The history of psychiatry is essentially the history of humanism. Every time humanism has diminished or degenerated into mere philanthropic sentimentality, psychiatry has entered a new ebb. Every time the spirit of humanism has arisen, a new contribution to psychiatry has been made.' What he means by humanism in this connection is simply respect for the total personality of an individual.

What stands out in this fascinating story is that mankind has, till recently, displayed astonishingly little curiosity about the meaning of mental disorder. As if it were too frightful a phenomenon to inspect closely, man seems to have taken a hasty glance at it and then hurried to explain it

away by interpreting it in terms of whatever happened to be the most convenient beliefs then prevailing. Whether it was supposed to be due to possession by evil demons, to poisoning of the 'animal spirits' by bad bile, to imaginary disease of the brain, or to hereditary 'degeneration', the one thing that was always excluded was the possibility of its being due to a turmoil of conflicting forces within the mind itself. The realm was owned at various times by the law (the legal basis of Bodin's savage lucubrations is well expounded), by theology and by philosophy; Kant himself insisted that expert witnesses at trials where insanity was concerned should be chosen from the philosophical and not the medical faculty. The battle was essentially between the spiritual and the physical—the mental being quite omitted—and the decision was reached in the course of the eighteenth century. It is a theme that many years ago was developed and analysed at length in the reviewer's book *On the Nightmare*, which appears to have escaped Dr. Zilboorg's almost omnivorous reading. 'After some three centuries of struggle medicine finally captured the field; but it did so only on its own terms, and this was well-nigh disastrous for the understanding of the phenomenon. 'As has been repeatedly stated in these pages, it was medicine which rose to conquer the field of psychiatry. But, curiously enough, medicine was quite unwilling to accept, was even harshly opposed to, psychotherapy; it was the sphere of diseases which it was anxious to capture, but it seemed unable to abandon the tradition of the dissecting room, the apothecary, or the kitchen, and insisted on anatomy, drugs and diet. Medicine captured psychiatry, brought it into its scientific empire, and offered it rights of citizenship only on the condition that it learn the language and submit to the administration. Medicine refused to have psychology admitted; any appearance of psychology was considered an intrusion or an illegal importation.' It is amusing to note, by the way, that when the theologians were defeated they sided with the physicians against the philosophers on the ground that the soul, being immortal and therefore perfect, could not be subject to disease, this being a property of the body alone. In the seventeenth century Willis endeavoured to tie down psychiatry to neuro-pathology, a view strongly upheld in the last century by Griesinger, Maudsley and others, and one which is still far from defunct. Kraepelin, it is true, broadened this ætiology to include metabolic changes and endocrine conditions, but before Freud there were only fitful gleams of the part played by psychological factors.

Dr. Zilboorg draws an interesting contrast between psychiatry and medicine. Medicine has ultimately been developed in response to the demands of the patient. 'General medicine, in the narrow sense of the word, never had to ask itself what disease is. It always knew what it meant to be ill, for both the patient and the doctor knew what pain and other forms of physical suffering were. Psychiatry never had such a clear criterion of illness. Only a very small proportion of the mentally ill show any suffering: very few if any are aware that their suffering is caused by a mental illness.' 'When general medicine joins biology in a general discussion of the meaning of disease, it is engaged in a fascinating pastime, in a bit of luxury provided by natural philosophy; medicine does not need to solve this problem in order to do its job and do it rationally and well. But when psychiatry raises the question as to what mental disease is, it is raising a question which is vital, one without which it cannot proceed causally or even empirically.' The matter goes further: it is not only that patients seldom demand mental treatment, but even when they do they interpose serious obstacles in the way of it, obstacles that do not exist with purely physical disorders. 'One cannot understand (mental) disease without understanding its language, and its language is always the language of the primitive cultural past intimately woven with the cultural present. Perhaps it is this feature of mental illness that is responsible more than any other for the essential antagonism between medicine and psychiatry. The language of a physical disease is universally appealing; pain, fever, a bleeding wound are understood by all. It is never difficult for the doctor to put himself in the patient's place, since he can remember his own pains and fevers and cuts. He can identify himself with the patient, feel with and for him, and therefore understand him. In order to identify one's self with a mentally sick patient a totally different set of psychological reactions is required of the doctor. Every mental patient presents some form of unwillingness or inability to accept life as it is. Every mental patient either aggressively rejects life as we like it—and he therefore was thought of as heretic, witch or sorcerer—or passively succumbs to his inability to accept life as we see it—and he therefore was called bewitched. In the mind of the mentally healthy man, including the medical man, a mentally ill person still appears as an adamant rebel against our cultural common sense or as a weakling who gives in to forces other than our cultural common sense. Mental illness requires a singularly humanistic tolerance on the part of the doctor, without which a proper identification with the patient is impossible.'

In his detailed review of the pioneers of medical psychology Dr. Zilboorg resuscitates the memory of two names that especially deserve it. One is Vives, the Spanish scholar of the sixteenth century. He appears to have perceived the necessity of correlating psychiatry with sociology more clearly than any other humanist. Other notable pioneers were Paracelsus, who suggested the sexual nature of hysteria, Lepois, who three hundred and fifty

years ago insisted that hysteria was a disorder of the brain, not of the womb, and Sir Benjamin Brodie, who more than a hundred years ago came to the conclusion that hysteria was due to 'fear, suggestion and *unconscious simulation*'. Dr. Zilboorg pays due eulogy to these remarkable psychiatrists of the early nineteenth century, Feuchtersleben, Heinroth and Ideler, whose cloudy German mysticism has unfortunately deterred many from partaking of their inspiration. A fourth member of this group, one Friedrich Gross, is the second name Dr. Zilboorg resuscitates from oblivion, and he seems to have been the most valuable one. The French development of the nineteenth century, from Mesmer to Janet, is adequately depicted, though less fully than the corresponding German one; perhaps more might have been said about the studies of dual personality, which did much to make the existence of the unconscious plausible. Behaviourism and reflexology (Pavlov) are described as megalomanic endeavours to convert man into a machine-like automaton.

We come now to psycho-analysis. The author gives only a brief, though pithy, account of it on the dubious ground that he cannot be expected to turn something contemporary into history. Since psycho-analysis comprises three-quarters of medical psychology, why trouble to write a history of the latter if so much is to be left out? On the other hand what he does say is not only concise but very accurate. He sees unerringly the true significance of Freud's contribution. One quotation, on the topic of determination, will illustrate this:

'Freud's discovery suddenly offered this civilized man a real, pragmatic opportunity to observe himself, and man was truly frightened. He found that in order to take this opportunity he had to sacrifice one of his most cherished possessions—his perennial phantasy that his own thought was omnipotent and that if permitted free reign it would conquer his ignorance of himself. He was invited to give up his sense of omnipotence and he shrank away from the frightening truth that his own mind is but a plaything in the hand of nature, that more implacable biological laws than mere principles of formal logic stand in mastery over his mind. He had always been willing to admit that his liver or heart or lungs were playthings in the hands of natural laws which he had to obey or suffer disease; he knew that an external accident or an internal chemical mishap was sufficient to injure or to destroy the given organ. These were accidents of fate and he was willing to admit his own organic limitations in the face of fate. But to admit that his own mind was subject to similar vicissitudes of natural laws meant to him to admit that mind in general is neither omnipotent nor free; thought is not free, will is not free. Man, then, had never been what he had phantasied himself in his own eyes.

'This—the principle of psychological determinism—was what made Freud's discovery so difficult, so frightening, so fantastic, so unacceptable. That this empirical determinism really has nothing to do with the philosophical problems of free will was and still is overlooked. We refused to apply the principle of Averrhoes and particularly that of St. Thomas—that what is true in philosophy may not be true in biology and vice versa—the principle which once, centuries ago, had saved science from total disappearance. We have learned to accept the fact that everything in the body is determined by the sum total of physio-chemical forces; we readily admit this biological determinism. But, tormented by an invisible anxiety, we seem to be unwilling and unable to admit to ourselves that our thoughts, our phantasies, our mental pains, and our joys are also subject to determining biological forces, that they are not merely results of our wilful making or of our faint-hearted lack of courage. It would seem that we prefer to believe in personal miracles as far as our minds are concerned; we believe in a sort of psychological spontaneous generation and in the magic of conscious, rational wishing.

'Should we find ourselves able to accept psychological determinism, a true revolution would ensue. We shall then abandon our megalomanic, inflationary self-appraisal. We shall become more humble and shall acquire a greater understanding and a greater tolerance of others. We shall have to go to many strange fields never used by medicine to learn how our minds work. We shall have to turn to history, sociology and anthropology and combine them with the medicine we have learned. Only then shall we be able to gain some knowledge about how our phantasies work in relation to things and people, how they develop genetically, and how our whole past is an integral part of our present. We shall have to learn a great deal more.'

In the account given of Freud there are a few actual mistakes and also some disputable statements. So far from Freud having been expelled from Vienna by the Nazi Government (p. 484) it took three months of hard work, including an appeal from the President of the United States, before they would grant him permission to leave. We read of the *Introductory Lectures on Psycho-Analysis*, which remain a classic, that 'it is worth while to note that although delivered in German they were formulated in the United States'. This is not even true of the *Fünf Vorlesungen*, with which the author has evidently confounded them. Nor is it at all true that 'the English-speaking world did not take official cognizance of Freud until he was close to death'. The lectures Freud gave on the occasion of Clark University celebration in 1909 he himself described as 'the first official recognition of his labours', and shortly afterwards he was made an Honorary Member of the Society for Psychical Research. Many years

before his death he was made an Honorary Fellow of the British Psychological Society, The Medico-Psychological Association, The Royal Society of Medicine, and other bodies, and even the latest honour, the famous Fellowship of The Royal Society, was five years before it. All the same Freud would have been greatly surprised to hear that his century had treated him ' with responsive understanding ' (p. 493). It is true that only his works were burnt and not his body, as happened to some of his predecessors, but a pioneer must be very modest to hope for no further recognition than that. Freud himself realized that his work had created a considerable sensation, but it was his opinion that it had found very limited understanding.

In an epilogue characterized by both wisdom and humility Dr. Zilboorg deprecates any attitude of complacency over what must seem to us the enormous advances we have made over the beliefs of the Middle Ages concerning mental disorder. The problems still in front of us are immense, and so are the difficulties to be overcome :

' This century presents only the beginning. It seems certain now that the twenty-five hundred years of psychiatric history which are behind us have been but preliminary centuries which cleared the field of operation and prepared the ground for a true psychiatry. The Freudian revolution—with the antagonisms, misunderstandings, apparent disruption of law and order which it caused—does seem to owe its violence as well as its influence to the fact that it was the first practical step in the history of medical psychology toward the foundation of a psychiatry which would be a medical discipline.

' This revolution, as it subsides in violence, as its contribution to the knowledge of mental disease becomes an integral part of medical science, will yet have to be considered for a period as having created more medical problems than it solved. For, having brought the field of the neuroses within the orbit of medical sciences more definitely than even the work of Charcot and Bernheim, it also made clear that the medical psychologist who must be a physician must also include as the indispensable prerequisites for his rational, scientific, medical functioning such large territories of knowledge as sociology and anthropology. In this era of specialization the very history of medical psychology demands an almost encyclopedic training of the psychiatrist. Of all the branches of medicine, psychiatry—by the very nature of the diseases with which it deals—requires both the highest degree of specialization and the broadest medical and cultural education. Mental diseases are apparently the only diseases which deserve the appellation of social diseases, not because they are caused by social factors alone but because a mentally sick individual functions with the totality of his endowments.'

The only criticism of the book to be offered is one to which the author would hardly assent ; it concerns the general planning of it. He may well reply, and doubtless with truth, that a book which grew as this one did could not have grown otherwise. Nevertheless one may be permitted to regret in some respects that it was so. The space devoted to early, especially classical, times is quite out of proportion to the later. Three-fifths of the book bring us to the close of the Middle Ages, and by then the real contributions to medical psychology are sparse enough. Either they should have been greatly condensed to compare with the later work, or the latter should have been expanded on the same scale—which it could well have been.

The general and professional attitude towards insanity must of course be described as an essential background to medical psychology, but far too much space is given to it for that purpose. After all, the book does purport to be a history of medical psychology, and merely philanthropic treatment of the insane and their chains takes us only a little distance into that realm. Anthropological data are entirely excluded, and they would have provided far more valuable material for understanding the shifting attitudes towards neurotic conflicts than the pseudo-intellectual discursions of classical and mediæval writers. Altogether one feels that the book is written by a psychiatrist at least as much as a medical psychologist, and that means much. A history that holds medical psychology in the centre of the picture has still to be written.

It is when we come to psycho-analysis (apart from Freud himself) that the lack of perspective is most visible. Indeed here there is even a falling off in the objectivity and impartiality which the author has so well maintained till then. An uninformed reader might well conclude that the psycho-analytical movement was essentially an American matter. ' Nowhere in the world did Freud's influence on medical psychology express itself so dynamically and so fruitfully as in America.' The pages of eulogy of Dr. Brill are no doubt well deserved, but they contrast strangely with a casual reference each to Abraham and Ferenczi and none at all to other pioneers, Federn, Hitschmann, etc. ' It was through Brill's untiring efforts and through his firm conviction and will to conquer that two of the most important events in the medico-psychological history of our century took place : the introduction of the rational treatment of neuroses in the United States, and the introduction of the psychoanalytic point of view in psychiatry. The combination of these two was more responsible than anything else for the fact that America in the first decades of the century imperceptibly but firmly assumed the leadership in medical psychology.'

Two excellent chapters, which are really appendices, are added by Dr. Henry on ' Organic Mental Diseases ' and ' Mental Hospitals ' respectively.

The book is unusually well written. It is also well produced and excellently illustrated from old prints, specimens of handwriting, and photographs. Of the latter only two represent a medical psychologist, Freud and Brill respectively; there is not one of Binet, Janet, Jung, Abraham, Ferenczi (except in a group) although they are equally available. The editing is exceptionally well done: the only two printer's errors detected were 'Steckel' for 'Stekel' (p. 500), and 'ventricals' for 'ventricles' (p. 549).

E. J.

Principles of Abnormal Psychology. By A. H. Maslow and Béla Mittelmann. (Harper and Brothers, New York, 1941. Pp. x + 638. Price, $3.50.)

This book differs from most others on psychopathology in that it is not written from the standpoint of any one school, nor does it deal with the various schools seriatim; rather is it an ambitious attempt to integrate the findings of a large number of different schools, particularly those of Freud, Adler, Adolf Meyer, the Gestalt school, Goldstein, Pavlov, etc. It is not altogether clear for whom the book is intended, though the authors state that they have tried to make it not only intelligible but plausible to the average college student who is willing to read it carefully; they also state: 'This book attempts to present an integrated picture of what we know of the psychologically disturbed individual. In this attempt we have used contributions from a wide variety of sources —from clinical, experimental, hypnotic, comparative, psychoanalytic and psychobiological observations. . . . We found that this synthesis could be accomplished best in terms of dynamic psychology.' This seems to indicate a more ambitious aim. The reviewer would commend it to less advanced students, who yet wish to take the subject seriously.

Beginning straight away with a case history, and using it as a text, the authors explain the relevance of the various chapter headings to follow, such as: what is normal and abnormal; the relation of difficulties to personality; the personality as a whole; vital needs and the concept of conflict; psychosomatic relationships; ætiology; psychotherapy. Over 100 pages are devoted to 'psychodynamic processes' such as conflict and frustration; much attention is given to 'disturbances of the evaluation' of the environment and of the self, i.e. security-feeling and self-esteem, and the catastrophic disturbances of these. Twenty-five methods of coping with dangers are described, each being summarized in a formula, e.g. for compromise formation: 'If I strive for the goal in a straightforward manner, I shall not be strong enough to reach it, or dangers will prevent me from reaching it; but if I do not try to reach the goal fully or if I use qualifications which partly deny it, I may attain approximately what I would like to get.' In general, the approach here is a combination of the Adlerian with more superficial psycho-analytic concepts.

Some interesting and unusual sections on experimental work with hypnotism and conditioned reflexes are followed by a rather superficial discussion of the origins of psychopathology in childhood and in parent-child relationships.

After a discussion of other forms of therapy, 45 pages are devoted to psycho-analytic therapy, and within the limits thus set the presentation is an adequate one.

The rest of the book (183 pages) is given to a comprehensive description of the various psychiatric syndromes, ranging from hysteria to feeble-mindedness. There follows a very large bibliography of 819 references, nearly all in English, but including a number of translations. Finally, there is a 15-page glossary, another unusual feature Most of the definitions are commendable for their succinct accuracy.

W. H. Gillespie.

The Sexual Perversions and Abnormalities. By Clifford Allen. (Oxford University Press, London, 1940. Pp. xii + 193. Price, 7*s.* 6*d.*)

This book is intended to fill a gap in the education of medical students by explaining 'from a biological point of view the aberrations of sexual behaviour'. This is surely a laudable intention, but it is difficult to commend the execution. Much may be excused in war time, but this book, published in 1940, was no doubt written to a large extent before the war; in any case it shows unpardonable signs of hurried and careless composition; there are innumerable inaccuracies in the references; the style, frequently bad, descends at times to such depths as 'the duty of we, who are fortunate to be normal' (p. ix). More important, the thought itself is careless and full of question-begging, e.g. 'The adoption of one set of theories is foreign to any scientific point of view.' (p. vii.) It is clear, also, that the author does not read with reasonable care and understanding, and this reading disability manifests itself chiefly in relation to psycho-analytical writings. We read, for example, on p. 46: 'Then there is an Œdipus stage in which the child concentrates all its affection on its mother and hates its father. In doing so it tends to identify itself with its mother and so reacts in a feminine manner (i.e. it is homosexual), so that this stage is one of homosexuality.' The author adds naïvely in a footnote: 'It is impossible here to do justice to the whole intricate system of psychology elaborated by Freud. For a simple account see the writer's *Modern Discoveries in Medical Psychology.*' 'Simple' is hardly an adequate description of this kind of distortion. Even quotations (which bulk large in the book and come chiefly from Fenichel and to a less extent from Freud) are frequently made incorrectly,

making nonsense of the passage at times ; e.g. the author ' quotes ' Fenichel on p. 76 as saying : ' thus the exposure is seen to be a magic gesture to show women what the exhibitionist wishes to see —that they have *no* penis.' (Reviewer's italics.)

Allen thinks that the abuse with which Freud's theories have been greeted ' undoubtedly was due to the fact that he devised his own terminology to a great extent ' (p. 9). It is the more remarkable that the chief original contribution of this book is terminological. Allen distinguishes perversions from ' malversions ' (fetishism), ' aversions and hypoversions ' (impotence and frigidity) and ' hyperversions ' (nymphomania and satyriasis), and introduces such terms as ' oralism ', ' analism ', ' infantosexuality ', ' bestiosexuality '.

It is difficult to discover what is Allen's attitude to psycho-analytical theories of the perversions, apart from the fact that it is strongly ambivalent ; nor is it clear what his own theory is. The general tendency is to trace everything to the relation to the mother and especially to what he consistently calls ' suckling ' at the breast (meaning ' sucking '). In ' infantosexuality ', for example, ' there is no doubt that the child is really a sort of substitute for the mother, since it could hardly be otherwise with such perversions as infanto-sexual sadism in which children are hurt for sexual pleasure ' (p. 84)—a typical begging of the question.

Only in the case of fetishism does Allen seem to have formulated his own theory. It is based on what he calls the ' sexual stimulus ', i.e. ' that part of the sexual object which forms the sexual attraction '. When this sexual stimulus is detached from the object, fetishism results. Further, ' *the fetish represents some attribute of the mother to which the child has been conditioned.* It is important to appreciate this because it is contradictory to the Freudian view.' ' The Freudian explanation of fetishism is obsessed by the castration complex and the denial of it.' ' It seems much more probable, as Hadfield has suggested, that the fetish represents the child's first love object, i.e. the breast, and that it is things that have been associated with, or substituted for, the breast that become fetishes.' And he adduces Melanie Klein in support of his view (pp. 95–98). It is interesting that the two illustrative cases, which are described at some length, appear to give very little support to this theory. The castration motive is strong in both cases, so too is sado-masochism, and coprophilia is prominent in one (but Allen's view is that ' dirt means mother's milk ').

Allen seems to overlook the fact that the essential problem of fetishism is this : why is the emphasis displaced from the whole sexual object on to the part ? The fact that some peculiarity of the object becomes a necessity for sexual stimulation may possibly be explicable in terms of ' conditioning ', as Freud, following Binet, said in 1905 (without, of course, using this jargon) ; but this fails to explain the negative aspect of the condition, the aversion to the woman as a whole and to the normal relation with her. This is where psycho-analysts see the essence of fetishism, just as of homosexuality. W. H. Gillespie.

Lectures on Conditioned Reflexes. Volume Two : Conditioned Reflexes and Psychiatry. By I. P. Pavlov. Translated by W. Horsley Gantt. (Lawrence & Wishart, London, 1941. Pp. 199. Price, 8*s.* 6*d.*)

This volume is a collection of Pavlov's writings between 1928 and his death in 1936, at the age of eighty-six years. To review it appreciatively one would have to be an initiate of the Pavlov school of the ' physiology of the higher nervous activity '. For an ordinary psychiatrist it makes laborious reading, owing partly to the technical jargon, but perhaps chiefly to a translation which is far from felicitous and in places barely comprehensible.

At the age of eighty, Pavlov switched his scientific work from the experimental study of conditioned reflexes in dogs, which had occupied him for thirty years, to the totally unfamiliar field of clinical psychiatry, endeavouring to apply his laboratory results clinically. These lectures give no polished, systematic account of his conclusions, and they seem merely to point to a number of interesting and stimulating analogies, whose real value would require much careful working out. The analogies are drawn between ' neuroses ' produced experimentally in dogs by various kinds of conditioned reflex experiments, and spontaneously occurring human neuroses and psychoses. Although some passages show that Pavlov is not unaware of the fallacies that may underlie such analogies, for the most part he seems to be so carried away by his enthusiasm as to forget due caution. He has, in fact, probably brought out the main fallacy himself when he points out that man differs from all other animals in having a secondary ' signalling system ' superimposed on the primary one of the conditioned reflexes ; this secondary system is on the symbolic or verbal level. But this does not prevent Pavlov from assuming that the mechanisms adequate to explain certain phenomena on the conditioned reflex level can be applied on the symbolic level of hysteria, obsessional neurosis, etc.

Some of the main experimental phenomena which he applies in this way are those described as ' the complete isolation of functionally pathological (at the ætiological moment) points of the cortex ' (corresponding to Freud's ' isolation ' in obsessional neurosis ?) ; ' the pathological inertness of the excitatory process ' (cf. perseverative tendency of obsessional and paranoid processes) ; and ' the ultraparadoxical phase ' (inhibition and negativism). Pavlov divided his dogs into four constitutional types—choleric and sanguine, in which excitation predominates, and phlegmatic

and melancholic, with predominant inhibition. The more extreme types (choleric and melancholic) are those liable to breakdown. The exciting cause may be either ' collision between the excitatory and inhibitory processes ' (conflict ?), or an excessively strong excitatory or inhibitory stimulus (shock, breaking through of the stimulus-barrier ?). In general, the intensity of the conditioned response increases with increasing intensity of the conditioned stimulus ; but after a certain point this ceases to hold, and there appears the paradoxical phase, where weak stimuli give a greater response than strong, and the ultraparadoxical phase, where the effect changes from excitation to inhibition, regarded by Pavlov as a protective mechanism. This may lead to phenomena analogous to the ambivalence, negativism, stereotypy and catatonia of the schizophrenic.

Pavlov's explanation of hysteria is based on an uncritical acceptance of Janet's view that it results from weakness of the brain. The weakened cortical activity leads to chaotic, unregulated activity of the subcortex, the more so as the weak cortex is specially liable to react to stimulation with inhibition (ultraparadoxical phase). ' The mechanism is exactly the same, varying only in degree, arising in old age [*sic*] as the excitatory processes of the cortex naturally decrease.' The fact that he is led to the conclusion that the mechanisms of hysteria and senile dementia are essentially the same does not daunt Pavlov as it might a clinician.

Considerations of space forbid more detailed discussion of these ætiological theories. Pavlov speaks from time to time of physiological methods of treatment to be founded on them. It is disappointing to find that this seems to amount to no more than the administration of bromide.

W. H. Gillespie.

The Art of Seeing. By Aldous Huxley. (Chatto & Windus, London, 1943. Pp. viii + 144. Price, 7*s*.)

It is characteristic of unorthodox therapeutic measures that they have at their disposal endless examples of what the Germans well call *Wunderkuren* in cases which have defied the most expert medical treatment : how orthodox psycho-analysis must be when judged by this criterion, since it expatiates but little on its therapeutic successes !

Mr. Huxley's own case is of this nature, and it might seem cruel to dispel the illusions that have undoubtedly been of the greatest benefit to him were it not evident that the strength of his convictions place him beyond all such danger. The explanation of this state of affairs is not difficult. There is an essential truth in the Bates system of treating ocular trouble, though the theory on which it is founded is mainly incorrect. It is, of course, true to say that most ophthalmologists regard refractive errors and other visual troubles mainly in physiological terms and that psychological aspects are confined to the simple query : ' Which of these spectacles do you find most comfortable ? ' It is also true that the use of the eyes, their value for seeing, varies greatly, especially in defective cases, with the emotional attitude towards the eyes and their functions ; hysterical amblyopia is a crass case in point. Those of us familiar with the erotogenetic functions of the eye, and further with the important unconscious symbolism in which it is so commonly involved, can well understand why this is so. The Bates system unwittingly deals, and on effective psychological lines, with these facts. It consists of a vast number of detailed injunctions and exercises, which in themselves contain some truisms mixed with a great deal of hocus-pocus, but which are on the whole rightly directed. The aim of them is to heighten confidence in the power of seeing and to counteract in various ways the fear of blindness. They do this by on the one hand stimulating the erotogenic functions of the eye—I have heard the exercises in question disrespectfully alluded to as ' ocular masturbation '—while on the other hand diminishing self-consciousness in the act of seeing by constantly deflecting the attention to indirect considerations. Little wonder that Mr. Huxley insists on the far greater value of the system being carried out with the aid of a teacher, for we know that hetero-suggestion is as a rule much more potent than autosuggestion.

E. J.

PSYCHOLOGY

The Psychology of C. G. Jung. By Jolan Jacobi. Translated from the German by K. W. Bash. (Kegan Paul, Trench, Trubner and Co. Ltd., London, 1942. Pp. xi + 169. Price, 12*s*.)

This book is an able summary of Jung's psychology, very readably translated. The author has achieved the aim set out in the introduction, namely ' to give a concise picture, complete in itself, of the central content of the whole system, and above all to facilitate access to Jung's own extraordinarily voluminous works.' (p. ix.) Jung himself has written an appreciative Foreword, in the course of which he says : ' It is a particular satisfaction to me that the author has been able to avoid furnishing any support to the opinion that my researches constitute a dogmatic system. . . . I regard my theories as suggestions and attempts at the formulation of a new scientific concept of psychology based in the first place upon immediate experience with human beings.' (pp. vii, viii.)

The main part of the book is divided into three sections, two theoretical and one practical : I, Nature and Structure of the Psyche ; II, Laws of the Psychic Processes and Operations ; and III,

The Practical Applications of Jung's Theory. A biographical sketch of C. G. Jung is appended, together with a complete bibliography of his work and a short but adequate index. In addition to simple presentation and logical organization, the book has two further merits, precise definition of terms (usually in the form of quotations from Jung) and diagrams illustrating the text. The account given is already highly condensed. No attempt will be made in this review either to abstract it further, or to compare the theory as a whole, or in detail, with psycho-analytical theory. Only a few of the points likely to be of topical interest to psycho-analysts can be chosen for comment.

Polemics are avoided for sound reasons and care is taken to give Freud and Adler recognition and to state that Jung, on occasion, uses their methods. The effect of this approach is impaired, at any rate in the case of Freud, by too narrow and out-of-date conceptions of his views. The result is often positively misleading. The uninformed reader would be likely to gather that Freud's contributions to psychological theory ended with the formulation of the libido theory and the infantile wish origin of dreams; also that the psycho-analytic unconscious is still to be equated with the repressed, i.e. with Jung's Personal Unconscious. There is no reference anywhere to the new classification of instincts, to modern concepts of mental structure and function or, indeed, to metapsychology at all. This is a pity, though it naturally does not affect the main purpose of the book, the direct exposition of Jung's own views.

The author begins by stressing that 'if one would reach a correct understanding of Jung's system, one must first of all accept Jung's standpoint and recognize with him the *full reality of the psychic*. . . . To Jung the psychic is no less real than the physical. Though it be not immediately touchable and visible, it is still fully and unambiguously experienceable. It is a world in itself—subject to law, structured, and possessed of its special means of expression.' (p. 1.) We could accept this as true of the individual psyche, together with the corollary that 'all that we know of the world comes to us, as does all our knowledge of our own being, through the medium of the psychic.' But we cannot accept the independence of the psychic and the physical. As scientists, the present state of *knowledge* (as distinct from belief or the promptings of subjective experience) constrains us to regard the human being as a psycho-physical organism, the psychological and physical aspects of whose living are interdependent not independent and have evolved together. Thus a quotation like the following will give us pause: 'We can very well determine with sufficient certainty that an individual consciousness with reference to ourselves has come to an end in death. Whether, however, the continuity of the psychic processes is thereby broken remains doubtful, for we can to-day assert with much less assurance than fifty years ago that the psyche is chained to the brain.' (Footnote, p. 6.) We have no right to deny the possibility: our verdict can only be 'not proven' and, also, not proven to be even a 'necessary' assumption.

We shall think our caution justified when we find that the 'full reality of the psychic' implies the 'sovereignty of the "mystical"' (p. 65). And also that 'the spiritual appears in the psyche likewise as a drive, indeed as a true passion. It is no derivative of another drive but a principle *sui generis*, namely, the indispensable formative power in the world of drives.' 'The polymorphism of primitive instinctive nature and the way of formation of personality confront each other as a pair of opposites called nature and spirit. This pair of opposites is not merely the external expression but perhaps also the very basis of that tension which we call psychic energy.' (p. 61.) We have a wholly natural pair of opposites in Eros and Thanatos, libido and aggression. For us the way of formation of personality is the natural way of ego-organization, which is also a way of synthesis, though integration is often impeded by the economic results of ego-differentiation. Creative transmutation of instinctual drives is a function of Eros. To call a function of the libido, operating through the ego-organizations, 'spirit' serves to perpetuate those blind life-frustrating reactions against instinct which are responsible for so much human misery and deadened living. We, too, recognize religious need as a distinctively human development and have no doubts about its profound psychological importance, but we do not regard it as '*sui generis*'. On the contrary, so far as our limited knowledge goes, it appears to have an eminently natural history.

Living and knowledge about living are certainly quite different things. Cognition is only one of our mental functions and knowledge is always a distillate of experience, not to be confused with its sources. The would-be scientific psychologist can no more afford to rest content that things are what they seem in the mental world than the physicist can afford to stop short at first-hand sensory experience of the external world. The boiling kettle and the internal combustion engine are subject to the same natural laws, but modern mechanization would never have occurred if these laws had not been deduced by intellectual effort following the primary observation of the bouncing kettle-lid. Accurate observation of subjective experience and of the sequences obtaining in it is indeed the first essential, but it is only the starting-point for the psychologist who wishes to discover the laws of mind with a view to enhancing the fullness and efficiency of human living. Mystical experience is no exception to this rule. Cognition can operate wherever there are relations and

correlates to be apprehended or educed, irrespective of the nature of the field under survey. Jung seems to think cognition reaches the limit of its capacity where phenomena such as ' integration of the personality ', ' archetypes ' and the ' Collective Unconscious ' are in question. Hence, he leaves the way of knowledge for the way of self-explanatory description of experience, e.g. he explains animistic experience in animistic terms. To describe experience in its own subjective terms is one thing and a very necessary thing ; to explain it objectively is another thing and this second step has to be taken if knowledge of mind is to be advanced. It is emphasized throughout the book that Jung's conclusions are based upon immediate experience with human beings ; the drawback is that he stops short at immediate experience and accepts it as objectively valid as well as psychologically real. Hence he puts forward what is in effect an eclectic mythology rather than an objective theory of mind.

It is not mystical phenomena that are in dispute, certainly not the parallel or convergent symbolism in which they have been ' seen ' or expressed by mystics in all ages, nor that mystic ways are ways of healing. Apart from the use of comparable symbols, resulting from essentially comparable experience, mystics try to explain themselves in terms most familiar and available, e.g. a Christian in terms of Christian dogma, a lama in terms of Buddhist teaching. So far as the mystic is concerned, the cognitive explanation, the ' dogma ', need only satisfy the subjective conditions without conflicting with knowledge derived from other sources. The advancement of science has not modified the human needs that find satisfaction in religious belief ; it has only shown that many dogmas are incompatible with certain ranges of objectively established fact.

The business of the psychologist is to seek objective understanding of mystic need, as distinct from sympathetic understanding. It should be possible ultimately to give an objective account of the processes at work in the minds of those patients of Jung's whose experiences result in their ' finding themselves '. If we take the dictum that finding the self is a task of middle life, together with the admission that the way leads back into the ' land of childhood ', we have one clue to the dynamics of the process. It is a type of change-of-life regression (to which both sexes are liable) which may have a favourable outcome ; a regression moreover which penetrates behind the use and understanding of words to more primitive phases of development, where, amongst other things, oral-sadistic problems have to be resolved. During the birth of the self ' one is " bitten " by animals ' (p. 119). The Mana personalities, the ' Old Wise Man ' and the ' Magna Mater ' appear. ' Mana ' means ' extraordinarily effective '. The making conscious of the contents of these personalities, without identifying with them, constitutes ' for the man the second and true liberation from the father, for the woman that from the mother, and therewith the first perception of their own unique individuality.' (p. 117.)

Through the veil of animistic phraseology one may glimpse in this regressive-re-integrative experience of the adult a series of subjective events not unlike those attributed by Melanie Klein to the implicit and explicit phantasy life of infants, centring on their relations to their ' internalized objects '. In both infant and ageing adult frustration activates phantasy-living and the most primitive phantasies appear to have that quality of self-evident reality that goes with hallucinatory thinking. For quite different reasons and by quite different methods, Jung and Klein arrive at a common ground-plan of primitive phantasy, albeit a ground-plan associated with infinite variety in detail, and presumably also subject to great quantitative variations. Leaving aside vexed questions of precise definition and chronology, a rather stereotyped ground-plan of primitive phantasy need not in itself perturb us, any more than the common plan implied in such a term as ' Œdipus complex '. But similarity of pattern does not imply identity or community of experience ; it does not demand the assumption of a communal ' Collective Unconscious ' which is ' the cradle of us all '. It only shows that the inherited internal factors conditioning mental activity in the human infant are sufficiently alike to give rise to recognizable similarity in reaction pattern. The individual reactions are still the infant's own specific reactions to his particular situation.

Although we find Jung's evidence for a ' Collective Unconscious ' inadequate, we should remember that there are many problems of affect-development and transmission still unsolved and that affect is readily communicated without the use of words. Adults retain sensibility to affect and emotional atmosphere in varying degrees. The most usual surmise is that sensing a person's feelings is an unconscious inference from appearance and behaviour so rapid or habitual as to be almost instantaneous. There is also a fair amount of evidence that some affects may be directly contagious. It is quite certain that we do not yet understand fully the phenomena of rapport and empathy which we meet daily in our work. As far as affect is concerned, infant and adult alike may be more open to ' collective ' influences than the talkative conscious adult often suspects.

It is also important to remember that what is obscurantist in Jung's theory from the point of view of advancement of knowledge is not necessarily detrimental from the point of view of therapy. Ways of healing, spontaneous and directed, are manifold. There are probably a good many people in the world at present who cannot afford to be deprived of all the consolations of religion, and for

these, reinstatement of 'belief' by Jung's methods, as by any other personally appropriate mystic way, may indeed bring about the re-integration necessary for a worth-while old age. In any event, it is none the less the business of the scientist to press on beyond the subjective sequence of events to their objective evaluation if he is to provide that sound tested knowledge of human nature which alone can lead to its more intelligent utilization and control. The value of knowledge is not in itself but in its potential application to life. Scientific knowledge alone is not enough but scientific knowledge alone can hope ultimately to supply 'real' direction and to sign-post the routes to saner and fuller human living.

Marjorie Brierley.

Dynamics in Psychology. By Wolfgang Koehler. (Faber and Faber Ltd., London, 1942. Pp. 120. Price, 8*s.* 6*d.*)

This book provides useful insight into the theory and the experimental methods of 'Gestalt' psychology, although it contains little reference to the all-important concept of 'organization'.

The author writes: 'The threads of purely psychological information disappear everywhere into another domain which is not accessible to our methods. Few psychologists will deny that this other domain is biology.' (p. 85.) Also, in countless cases, 'psychological facts as such are vividly experienced, whereas of their dependence on other facts there is no immediate awareness whatsoever. In other words, we do not generally know why our experiences are *as* they are, because they tell us little about their genesis.' (p. 11.) 'Now, one of the main tasks which psychology has to solve consists in the discovery of those functional relations which are responsible for the occurrence and characteristics of our experiences. We want to know not merely *what* happens in mental life but also *how* and *why* it happens.' (p. 12.)

The psycho-analyst will agree with the author's observations as to the limits of conscious experience but will maintain that many conscious phenomena can be explained, in strictly psychological terms, by reference to 'unconscious' mental factors. Professor Koehler, however, seems to equate mental life with consciousness and therefore concludes that biological theory alone can solve such problems. Answers to questions of 'how' and 'why' are to be sought in the physiological realm, the brain processes 'correlated' with mental happenings.

The greater part of the book consists of a lucid account of a number of experiments. The results of these support the author's assumption that many phenomena of perception and of retention and recall can only be adequately explained on the assumption of a 'field' theory, an extension of the physicist's 'field' theory to the 'correlated' brain processes.

Notwithstanding the (to us) cardinal omission of 'unconscious' mental life, the author's biological or brain-physiological conclusions are in the main consonant with analytical theory. To give a single example, our views on memory both give and receive support in such a statement as: 'It will be observed that the present application of the field principle to questions of memory leads to a strongly unitary theory. Superficially, recall appears as an event which has little in common with factors by which retention and recall are *disturbed*. And yet the present theory assumes that it is essentially the same basic principle which is responsible both for recall and for those disturbances. Recall is here interpreted as an interaction which presupposes a field relation between a particular process and a particular trace. But retroactive inhibition, the inhibition within one product of learning, and the disturbance of spontaneous recall are all attributed to the fact that other traces, too, have their fields which extend in the same medium. Thus the field action between a process and a particular trace, which is implied in recall, may be obstructed by field action for which those other traces are responsible.' (p. 117.)

Marjorie Brierley.

The Myth of the Mind. By Frank Kenyon. (Thinker's Library, No. 85.) (Watts & Co., London, 1941. Pp. ix + 115. Price, 1*s.* 3*d.*)

The author of this book has a bee in his bonnet. It is in itself a very good bee, but for some personal reason its buzzing seems to have driven him distracted. He rightly points out that to postulate a distinct entity called the 'mind' or 'soul' is in no way necessary, and that in any event it does not afford an explanation of the phenomena called 'mental processes': further that we possess no authentic evidence of the occurrence of such phenomena except in association with bodily processes. I imagine that most psychologists would assent to these statements, as the present reviewer certainly does. At this point, however, the author takes a wide jump. The idea of a mind is to him as much a red rag as that of matter was to Berkeley, and he leaps to the conclusion that anyone whosoever studying mental processes must be possessed of what he terms the greatest and least excusable superstition of all time, namely, the delusion that the entity 'mind' has an independent existence. Carried away by this curious misapprehension he fulminates with the most extravagant abuse against every variety of psychologist, and, of course, particularly against 'the crowning absurdity of psycho-analysis'.

The author's own thesis could be stated in a few sentences; the rest of the book is nothing but unintelligent abuse. One is surprised at its being issued by a reputable publisher.

E. J.

The Human Hand. By Charlotte Wolff. (Methuen & Co. Ltd., London, 1942. Pp. xii + 148. Price, 16*s.*)

Dr. Charlotte Wolff believes that hand-reading can provide a reliable method of testing temperament and character. This belief is the result of intensive study of the human hand, normal and abnormal, and of the hands and feet of anthropoid apes and monkeys. As a result of these researches, she has been led to infer correlations between hand-characters, physiological conditions and personality trends. In this book she supplies a psycho-physiological theory to account for these correlations and a description of the practical methods of hand-interpretation she has worked out. The whole field covered requires much fuller investigation by independent workers before Dr. Wolff's conclusions can be regarded as valid.

Marjorie Brierley.

CHILD PSYCHOLOGY

Social Learning and Imitation. By Neil E. Miller and John Dollard. (Yale University Press, New Haven; Oxford University Press, London, 1941. Pp. xi + 341. Price, 21*s.* 6*d.*)

Educational Psychology. By Charles H. Judd. (George Allen and Unwin Ltd., London, 1940. Pp. xx + 566. Price, 18*s.*)

L'éducation de demain. Par J. E. Marcault et Thérèse Brosse. (Félix Alcan, Paris, 1939. Pp. xi + 308. Price, 40 francs.)

Psycho-analysts have long been familiar with the processes which they describe as 'introjection' and 'identification'. It is clear that these processes involve at least some element of what is commonly known as imitation; but, immersed as they have been in the new and strange features of the processes they had discovered, psycho-analysts have seldom troubled themselves about the more strictly behaviouristic problem of imitation itself. Those who wish to see a more rapid *rapprochement* between psycho-analysis and other schools of psychology might do well, however, to consider more closely the relations of the two above-named processes to simpler forms of imitation, and in so doing they might profitably start with Miller and Dollard's new book, which appears under the auspices of the Institute of Human Relations. The authors treat imitation as a form of the wider process of social learning, and point out its great importance in the education of the individual, in the behaviour of crowds, in the transmission of culture from one generation to another, and in the diffusion of culture from one people or section of a people to another. They hold that, over this wide field, imitation, like any other form of learning, is dependent on 'reward'; in other words, that we imitate because, and in so far as, we find it pays to do so. They thus differ from those psychologists who posit an innate or instinctual tendency to imitate. They do not, it is true, consider that it is possible at present definitely to rule out the existence of such a tendency, but the evidence in favour of imitation being a form of learning is, they hold, so strong, that the burden of proof lies with those who believe that there is an innate as well as an acquired proclivity to imitate.

By means of an ingenious series of experiments they show that both rats and children can learn to imitate, if imitation is rewarded, but that they can also learn not to imitate, if non-imitation brings a reward; also that there occurs some degree of generalization of the imitation, or non-imitation, from one 'leader' (imitatee) to another, from one kind of response to another, and from one drive to another (e.g. from hunger to thirst). With rats, there was shown to be, under the particular experimental conditions, no initial tendency to imitate, a result which seems to be in harmony with the findings of some, but not all, of those who have made in any way comparable experiments (though these findings are not always easy to interpret). With children, it was found that there might be a tendency either to imitate or to non-imitate, depending, it is suggested, upon which kind of behaviour had previously met with most reward.

Turning from psycho-analytical literature to this book, the reader may well at first receive the impression that he has moved from a full flesh-and-blood world into a rarefied atmosphere of experimental artificiality and narrow behaviouristic 'stimulus-response'. It is true that there are sections of the book where the outlook is perhaps unduly bounded by the terms of the particular situation that is being discussed and where the wider psychological background receives inadequate attention, in a way that will be liable to shock psycho-analyst and Gestalt psychologist alike. It would be quite unfair, however, to say that this background is consistently neglected. If the reader perseveres, he will find that such wider factors as love, approval, praise, prestige, are brought in under the heading of 'secondary rewards' and are allowed considerable influence in the theoretical discussion. They are indeed clearly less amenable to experimental control than such temporary and specific rewards as the discovery of a filled feeding cup or a piece of candy. Nevertheless such background factors might perhaps have been better controlled or have even been made the object of direct experiment to a greater extent than was actually the case. Thus in the initial illustrative situation of a small girl learning to locate a piece of candy concealed beneath a particular book on a book-

shelf, we are told nothing of the attitude of the child to the experimenter; while a series of experiments, in which children learnt to imitate (or non-imitate) a child or an adult leader respectively, could easily have been extended to find out whether a child would unlearn more rapidly from one leader than the other. The rapidity of such unlearning (e.g. ceasing to imitate when such imitation no longer proved advantageous) might have afforded an interesting inverse measure of the prestige of the leader concerned. Apart, however, from experimental settings and the consideration of experimental results, the authors are quite ready to recognize the rôle of such more permanent attitudes and influences. They bring out clearly the reward value of imitation both in education and in social life. They also point out that, although imitation of 'superiors' (in virtue of age, ability or status) so often pays, either in terms of material reward or of approval, it does not always do so. The pupil or social climber who takes on airs above those that befit his 'station' may sometimes meet with rebuff or punishment, either from these 'superiors' themselves or from his equals—a situation which reminds us of what happens in the formation of the ego-ideal. It is considered right and proper for children to imitate their parents in some respects (e.g. good table manners or courage in the face of threatened danger), but not in others (e.g. swearing, smoking or sexual activities). Indeed in one place the authors indicate that they would explain the growth of the super-ego (as also Trotter's supposed herd instinct) in this way, i.e. as imitation, or non-imitation, in consequence of differential reward. They point out that the very persons with whom 'identification' most frequently occurs, the parents or other loved, prestigeful people, are also the persons who most generally control the rewards and punishments which are most important to the child, and are thus in the best position to give acquired reward value to what they consider appropriate kinds of imitation (p. 164). They deliberately refrain, however, from pursuing this matter further, as leading too deeply into problems of character formation which are beyond the scope of their present book.

To some extent all education can be looked upon as imitation, for it is a process by which the pupil learns to behave in various skilled or traditional ways that are characteristic of the adult members of his community. As regards its more general aspects it implies the kind of imitation which Miller and Dollard call 'matched dependent' behaviour, in which the imitator follows a leader, who is himself reacting to an appropriate cue, without deliberate and detailed repetition of his performance. In specialized instruction, however, the imitation is often of the kind they call 'copying', in which there is deliberate and detailed comparison of our own behaviour with that of a model. Judd in his book on *Educational Psychology* is very much alive to both these aspects of imitation. Indeed his main contention throughout is that through education the individual is initiated into the heritage and achievements of the race. History, cultural anthropology and social psychology are thus for him of far more interest than biology, whether we are considering such tools of culture as the three R's or more advanced branches of study. This consistent viewpoint gives his book a freshness and appeal which are lacking in many treatments of educational technique or educational psychology and makes it for the most part very pleasant and stimulating reading. In view of the position adopted the reader might perhaps reasonably expect a more thorough treatment of the problems of 'recapitulation' than he will actually find. One important difference, however, is noted as distinguishing the development of the individual from that of the race: the individual is for the most part brought into immediate touch with a finished product (e.g. our alphabet or system of numerals) which is the culmination of a long process of evolution. There is, of course, no question of the individual himself passing through this process, even in the most abbreviated form; he should, however, Professor Judd thinks, be made aware as vividly as possible of the fact that the knowledge, tools and skills to which he is being introduced are the result of generations of effort and experiment. In this way, it would seem, the young might be expected to develop a sense of pride, gratitude and responsibility at finding themselves thus the heirs of all the ages, anxious alike to make the most of what the past has achieved and to avoid the blunders and crudities of which their ancestors were guilty—surely a desirable constituent of the ego-ideal. In view, however, of the importance that Professor Judd attaches to this, one would perhaps have hoped for an account of more factual or experimental evidence of the real efficacy of such a method. The evidence of this kind here presented seems to be confined to one rather sketchy description of an experiment in the teaching of writing, in which emphasis was laid by the teacher on the very inferior equipment and materials which were at the disposal of earlier generations. This, we are told, 'opened the eyes of the pupils to an entirely new view of what they were doing and created an enthusiasm for the writing exercise which would never have been possible without this insight' (p. 426).

Professor Judd distinguishes two kinds of what Miller and Dollard would call 'reward' for learning: that of assurance resulting from the acceptance of authority on the one hand, and that of real understanding on the other. Though he does not actually stress these connections, we may link

up each of these with two further tendencies which he considers of importance. The dominance of the assurance motive and of reliance on authority tends to be connected with 'docility', which he admits to be essential in the early stages of education, and with emphasis on mere retentivity; while understanding is connected with curiosity and with the ability to think for oneself and so to apply what one has learnt to new situations. He rightly draws attention to the immense importance of the change in social outlook which has led to curiosity and freedom of thought being considered desirable in the modern world and to the corresponding but later change in the outlook of educationists which has led them to attach less importance than before to mere memorization. But in view of his own standpoint and of present-day attempts to dragoon opinion in many parts of the world, he might well have devoted more consideration than he does to the conservative and repressive forces in society and in the individual mind; while the contrast which he repeatedly draws between mere habit, imitation and retention on the one hand, and invention, understanding and adaptation of knowledge on the other, seems often to call out for formulation in terms of Spearman's fundamental distinction between the processes of 'reproduction' and 'eduction' (see for instance the experiments reported on p. 417).

Marcault and Brosse in their hopes for the education of the future are also well aware of the importance of imitation, more especially in its relation to the formation of ideals based on examples from the past. Nevertheless, in turning to their book, we find that the accent has passed from society to the individual; for the authors are concerned above all with the development of the Self, which they regard as constituting the highest of a hierarchy of mental and physiological levels (to the detailed study of which a considerable part of their work is devoted). All progress, they maintain, is due ultimately to individual achievement, though the individual only attains his highest development in a state of freedom which encourages him to rely on his own thought and his own self-control. The authors are therefore enthusiastic about the more modern developments of education in this sense, and are also definitely favourable to psycho-analysis, though their treatment of psycho-analytical findings is apt to be somewhat superficial, while the conclusions they draw from them are sometimes rather sweeping. Thus they believe that all apparent inequalities in the scholastic ability of a given pupil in the different fields of the curriculum are due entirely to affective inhibitions, a position which may be true but which probably few psycho-analytically trained educationists would venture to hold on the basis of our present knowledge. Indeed the book abounds in statements which are very much open to question, some of which, however, might be fruitfully discussed did space permit. We may mention three suggestions which seem specially worthy of consideration by educational psychologists: that history should be treated from the psychological point of view by 'psychologist-historians'; that psychology might be introduced into schools by way of the experimental study of animal behaviour; and that there should be a more intimate co-operation between doctor and educationist. 'Medicine', the authors maintain, 'is education for health, education is the medicine of health; the two together constitute the science of health' (p. 278). Psycho-analysts, who see in their science both a branch of medicine and a method for the better understanding of the human mind, especially in its developmental aspects, are not likely to quarrel with the general conception of education which seems to underlie this statement.

J. C. Flugel.

The Child's Discovery of Death. By Sylvia Anthony. (Kegan Paul, Trench, Trubner & Co. Ltd., London, 1940. Pp. xvi + 231. Price, 11*s.* 6*d.*)

The author summarizes her findings thus (pp. 206–208):

'(1) That the idea of death *occurs readily in children's phantasy thinking.* (Chapter III.)

'(2) That the idea arises *as a response to suggestions of grief and fear,* the grief being frequently associated by the child with loss or *separation* and the fear with *aggressive intrusion.* (Chapter III.)

'(3) That phantasy about death is commonly found together with *talion* ideas (retaliation, reparation); the talion idea, however, appears to be as much *a mode of mental functioning* as a content of thought. It is a mode *according to which phantasy-themes oscillate as to the aspect they present,* somewhat as the aspect of perceived objects may oscillate when held in the forefront of attention. That such oscillation occurs in connection with the process of identification. (Chapter III.)

'(4) That *genetically* the idea develops according to a certain form similar to that described by Piaget for the development of the child's conceptual thought in general; namely, from a stage of ignorance (with egocentric characteristics), through an intermediate stage (C), here characterized as being homocentric and concerned mainly with cultural-symbolic aspects of the idea, to a mature stage (E) which shows objectivity and wider generalization. (Chapters IV and VI.)

'(5) That the idea of death *becomes emotionally charged through being brought into association with memory-complexes relating to birth (and pre-natal life) and to hostility and aggression.* This emotional charge and the gradual assimilation of it appear to correspond to stage C. (Chapter VII.)

'(6) That in the death-aggression complex, *animals* play an important part, as being the

legitimate victims of human aggression both by striking and by eating. (Chapter VII.)

' (7) That *the development of conscious logic and rational science*, and their final dominance, are closely connected with the development of the concept of death. When the hate-aspect of erotism has been repressed, the realization of the powerlessness of the individual to avert death from the loved object proves to him that he is not omnipotent—that is, that he has not magical powers, and that natural law prevails over human will.

' The *first step* in the development of logic and science is therefore the *dominance of love* in consciousness ; the *second* is *the recognition of the inevitability of death.*

' The *third step* occurs when *death is associated with the self.* In the attempt to avoid this association the child proceeds from transduction (or induction based on ubiquity of causation) to true induction and deduction based on the uniformity of natural laws. (Chapter VIII.)

' (8) That the *magical thinking about death* which gives rise to spontaneous childish *beliefs* or hypotheses, commonly originates in an identification of death with birth or pre-natal life, while the identification of death with results of aggression tends to be expressed in *phantasy.* It is suggested that the former originates in pre-Œdipal erotism and the latter in erotism complicated by ambivalence and rivalry. (Chapter IX.)

' (9) That children may pass through a stage when they seek to allay anxiety aroused by the association of death with the self by denying that they will die. That this is a method of rendering the painful idea capable of entering consciousness ; a transition phase towards the acceptance of reality which may, if necessary, be supported by the adult. (Chapter X.) '

These conclusions are illustrated by home records of the spontaneous reactions of children to the idea of death and to such experiences as seeing dead animals, and on story completion tests made with a cross-section of 117 children of ages ranging from four years to eleven and a half years.

Great value lies in the absence of bias with which the subject is approached, in the examples collected, and, above all, perhaps, in the relation traced between the child's acceptance of the reality of death and his intellectual development. This value would have been equally great without the problematic issues raised (pp. 3, 4 and 204) linking a special death ' sub-complex ' with possible origins of mental disease.

The impossibility of dealing adequately with even one chapter of the book in a review is obvious. Almost every statement contained in the summary, and many throughout the book, call not merely for comment but for discussion.

This is a study of the idea of death in children through the expression of their conscious thought and phantasy. Explanations of this expression in which conscious and unconscious elements are interwoven are rather bewildering and not always convincing, as, for example, in the case recorded on pp. 55 to 57, where a child's refusal to give his surname is attributed to the death of his father, and the guilt (unconscious, as far as one can learn from the material given) bound up with his fear of being put into prison is related to the same event.

The author treats throughout of death as an isolated external reality, knowledge of which has to be acquired by the child as an intellectual process, and she postulates (paragraphs 4 and 5 of the summary above) that it becomes associated with unconscious anxiety and with aggressive impulses at stage C., normally somewhere between the ages of four and eight years. The assumption that this is the only rôle death plays in human experience limits the scope of her enquiry. Too little place is given here to the *trauma* of object loss, first felt in the early months of life and oft-repeated, of which the loss of a loved person by death is but the latest edition.

Owing to the difficulty of assessing the extent to which conscious and unconscious factors relatively play a part in any utterance or reaction, it seems probable that, in carrying out a piece of research of this kind, aided only by such scraps of information as one can glean from story completion tests and the like, the investigator must either rest content with showing that the results obtained are gathered from the conscious level and should be taken as they stand, or risk going astray in conclusions based on partial interpretation of the material in unconscious terms. For instance, it is impossible to determine from such limited opportunities how much unconscious denial influences conscious ignorance and indifference. This problem is aptly illustrated on pp. 102–3 in the case of a child of three years and three months (mental age two years and eight months) who was found asleep on the floor beside her mother who had fallen and died instantaneously from heart-failure. The child afterwards spoke ' quite happily ' about this event. These facts are recorded, tentatively, as evidence of a postulated stage in development in which the child has ' no idea of death at all '. (Summary, paragraph 4.)

If one takes this child's reactions as they stand, unrelated to any deductions about unconscious forces, they go to show that she either did not know, or denied recognition of, death (as cessation of functioning) when she saw it, and they might be looked on as proof of ignorance. If, however, the unconscious is to be taken into account, as is done in the chapter headed ' Death in Children's Phantasies ' and elsewhere, then they point to other possibilities. Without analysing this little girl, no one can, of course, say why she reacted in this way, but when one knows that sleep *can* follow on shock as a means of dealing with it, one does

not necessarily accept such happenings at their face value. That a child, even of two and a half years, should not notice anything strange or alarming in such behaviour on the part of her mother might well suggest that unconscious denial of great strength had gone to the making of her quite happy attitude, and that a child not so influenced might have reacted differently.

Another unconscious factor may be decisive where apparent ignorance of death is concerned, and may be bound up with the whole question of denial, viz. innate or instinctive knowledge. Here mental science has at present little or nothing to say. We do not know what prompts the creature to defend its young in danger or against what force it feels impelled to fight. Neither do we know what part this knowledge, or the absence of it, plays in the attitude of man, however complicated and controlled, towards death.

The omission of so remote a consideration does not, however, detract from the value of the contribution made to child study, and to the subject in general, by this original and stimulating piece of research. H. Sheehan-Dare.

As the Twig is Bent. By Leslie B. Hohman. (The Macmillan Company, New York, 1940. Pp. xii + 291.)

The author of this book on the psychology and education of children is an Associate in Psychiatry at Johns Hopkins Medical School and he has written briefly and easily from the results of many years of experience with children and their frequently baffled parents. This book is the presentation of a kind, gentle, cultured man and makes good reading, although its answers, firmly based on common sense, are not always the right answers from the point of view of modern psychology and psycho-analysis. They are quick, superficial and pleasing to all who are not too conservative believers in a well-balanced decency. The demons of the unconscious hardly exist for Professor Hohman.

Be happy and sensible with your children and everything will be all right; punish them if you must, but not too severely and never in a temper—Professor Hohman reassures the frowning parent. Do not permit the boys to become girlish, but interfere only if their girlish habits become really established. As for the girls—let them be tomboyish, but, of course, not too much so. Homosexual tendencies? The author once sent a boy in this danger to a military school and you should see the boy now. Self-abuse? 'We can teach control, decency, sensible sublimation—and forswear any training that clutters an undeniable instinct with false ideas. That is all, but that is enough.' We wish we could share this optimism, but, in the light of psycho-analytical discoveries, we cannot. Psycho-analysis is casually mentioned in the book, but its fundamental importance for any understanding of child psychology is not only not emphasized, but rather 'pooh-poohed' by the author.

The book was well received by the world interested in the education of children and rightly so, as we must admit, in spite of our objections. The author's enthusiasm for his subject is apparent, and the tone of the book is such that it soothes the anxieties of worried parents, fearful lest they misguide their children. The book exhales the spirit: 'Watch me, it is easy and you can't go wrong! Do not believe anyone who tells you otherwise.' It is one of those books of which one parent tells another with a sigh of relief: 'I told you so!' A psycho-analyst, however, cannot but feel smothered by this flood of common sense and blinding benevolence, in which any real understanding of the child's conflicts is drowned.

Fritz Wittels.

Psychologic Care during Infancy and Childhood. By R. M. Bakwin and H. Bakwin. (D. Appleton-Century Company, New York and London, 1942. Pp. xv + 317.)

In this book the Doctors Bakwin stress the common sense approach to the wide range of psychopathological disorders in childhood. It is chiefly the pediatrician whom they are attempting to orient in this field, but the nurse, social worker and more intelligent parent are also kept in mind. Controversial mechanisms are avoided and simplification is the keynote, possibly with the effect, particularly in the presentation of therapeutic procedures, of seeming somewhat dogmatic. The importance of growth, development and the maturational sequence in evaluating and handling children's problems is kept in the foreground. The child's need for love and affection is presented as an organic requirement and stressed throughout. Unique in this presentation is a discussion of the emotional overtones accompanying many of the childhood illnesses ordinarily thought of in terms of their purely physical aspects—conditions such as cœliac disease, squint, etc. One might wish, however, since the parent is included in the potential audience of this work, that the relative normality of certain phenomena, such as fears phobias, and suicidal preoccupations in children had been mentioned in the discussions of these topics. On the whole the authors offer an objective, conservative approach to children's emotional problems with which to supplement the armamentarium of those who work with children, particularly those whose activity in these aspects of the field has been limited because of unfamiliarity with the terms involved or because of a suspicion of the theoretical bases encountered. R. S. Lourie.

Children have their Reasons. By Ruth Wendel Washburn. (D. Appleton-Century Company, New York and London, 1942. Pp. 257.)

Dr. Washburn's book makes good reading and should serve as a helpful guide to parents. The material is presented simply and holds the reader's interest. It challenges parents to seek the reasons for the behaviour of their children. Only through real insight can the daily problems and conflicts shown by all children be adequately met. The author places special emphasis on the importance of a sane and objective attitude towards the child's sex interests and activities. Dr. Washburn urges parents to turn to the experienced psychologist for guidance with the emotional problems of their children, not only as a therapeutic measure but also for prophylactic reasons.

Julia Goldman.

SOCIOLOGY

Our Age of Unreason. By Franz Alexander. (J. B. Lippincott Co., New York, 1942. Pp. 371. Price, $3.00.)

It is natural that many endeavours should have been made to apply psycho-analytical knowledge to the staring problems of the world we see around us. These have been made both by psycho-analysts, such as Dr. Glover and myself, and, on a very ambitious scale, by non-analysts, such as Drs. Baynes, Nathan, etc., reviews of whose books are to be found in these columns. Dr. Alexander makes his essay on a much more comprehensive scale, but in our opinion it is only partly successful. The reason for this can be stated clearly. To be fully successful the writer must be well equipped on both the psycho-analytical and the sociological level. Now, oddly enough, Dr. Alexander's equipment appears to be much more satisfactory in the latter respect than in the former. Not only has he wide resources of information on sociological topics, but he is able to think clearly and deeply on them. As a result he has provided us, if not with very original, still with very illuminating and inspiring reflections which are of great value and deserve every attention from the socially minded. On the other hand his insight into the unconscious does not appear to be any longer as keen as it once was. In this sphere he is fumbling and uncertain and is avowedly content with an almost purely descriptive account of the psychological aspects of his topics. The psycho-analytic contribution to the problems involved is thus far more meagre than it could be.

Let us consider first the matter last mentioned. Dr. Alexander makes the penetrating observation that, broadly speaking, European thinkers are, for reasons connected with their traditions and class distinctions, more prone to lay stress on the hereditary factors in social problems (including the ætiology of the psychoneuroses), whereas Americans, influenced by their more independent and equalitarian individualism, lay stress rather on the environmental ones. It is perhaps for this reason that we observe the tendency among many American psycho-analysts, headed by Karen Horney, to subordinate the genetic discoveries of Freud to considerations of a cultural order. Such people call themselves by the absurd title of Neo-Freudians, a term the proper application of which would be, not to those rescinding Freudian principles, but to such as would restate them afresh after any rescission of them. In an extreme case an environmental adherent would maintain that the presence, or strength, of a castration complex, Œdipus complex, etc., depended purely on the prevailing culture of the community. Dr. Alexander himself is evidently strongly drawn in this direction: 'Whether hostility is directed against the father or against some other member of the family depends on the current social structure'—a view valid only for consciousness, not for the unconscious. He at times, it is true, admitting that the 'cultural' doctrine is not applicable in individual psycho-therapy (which we should nevertheless think must be strongly influenced by it), attempts to save the situation by the compromise that the Œdipus complex does really exist, though it is conditioned more by the helplessness of the infant than by any sexual complex: that is to say, the infant is jealous of the parent of the same sex because his helplessness clamours for protection from the parent of the opposite sex! His comment on Melanie Klein's work is particularly silly: 'In England, Melanie Klein has attempted to reconstruct the development of children's personality solely from the evidence of children themselves and in her treatment she has paid little attention to parental co-operation. This has led to a futile attempt to understand a child's personality and its development as if it grew in predetermined fashion like a plant. . . . In this way the observer missed a great opportunity to study the formative influence of the environment upon the development of the personality.'

On the sociological side, on the contrary, we have nothing but praise for the book, which is so rich that it is embarrassing to select topics for comment. In considering the centripetal and centrifugal tendencies of society, Dr. Alexander finds that the former predominates, i.e. social cohesion is closer, when the community feels itself to be (1) threatened from without, (2) impelled towards aggression or threatened from within by economic or other forms of insecurity; it is in these last factors that he sees the danger to democracy. Here is a point where psycho-analytical considerations could illuminatingly co-ordinate the various forms of anxiety to which this defensive response appears, but Dr. Alexander gives instead merely an interesting, though somewhat discursive, description of the phenomena.

Incidentally, in this connection he makes the curious historical slip of saying that after the occupation of Czechoslovakia it became evident to everyone that German aggression would not be seriously opposed by England. It was precisely at this moment that England, in the guarantee she gave to Poland, announced to the world that the savage dog had had his last bite, and that any future attempt at one would involve war to the death with her; foreigners may have taken this for bluff, but the English knew what it meant.

The most illuminating part of Dr. Alexander's book lies in his application of Ogburn's doctrine of 'cultural lag', i.e. the delay in adaptation to changed conditions, to the social life of the United States. It is in line with the two principles on which he tells us his book is founded, that of surplus energy and inertia respectively. He finds that the independence and 'toughness' of the pioneering frontier spirit is now a disruptive force in a society where changed conditions make the need for closer social organization paramount. The conflict involved manifests itself most strikingly in the prevalence of crime and mental disorder. He plausibly maintains, for instance, that the far greater prevalence of crime in America is because so much of the criminal's mental attitude coincides with the ego-ideal of a society that has been fostered by generations of hardy, but lawless, pioneers. In a constructive chaper entitled 'New Frontiers' Dr. Alexander searches for ways in which to re-direct usefully the individualistic or combative urges that are now so out of date in a highly developed society. This would necessitate better education and a turning from material aims to more spiritual aspects of the art of living.

In a chapter on war and peace Dr. Alexander makes a number of interesting comments on the Freud-Einstein correspondence. This is his somewhat depressing conclusion: 'History appears to teach that peace can be established only between members of organized groups which were originally formed by conquest and domination. . . . Human beings do not become at first more social and then create larger social organizations, but they become forced into large national units by wars and subjugation, and only then do they become more social in adjusting themselves to the life within this larger organization. After such larger organizations have been established, the question of enforcing the law does not exist any longer. Within a well-organized group there is little difficulty in enforcing law which protects the approximately equal rights of all members of the group. In this situation the police and the social conscience are natural allies.' It therefore matters enormously for the future organization of peace whether Germany or the Allies win the war, and even so democracies are unfortunately averse to using force for active and constructive purposes.

The final conclusions of the book are condensed in the following passage: 'At the present moment of historical development the cultural lag appears in:

'Adherence to political and economic nationalism (isolationism) in a world in which nations have become more interdependent economically than ever before.

'Adherence to war as a means of settling conflicting interests and diverting internal discontent, in an age in which war has become so destructive and expensive that even the victor is defeated.

'Adherence to a degree of economic freedom which is incompatible with the complexity of existing economic interaction.

'Adherence to the ideal of competition in a world which requires more and more co-operation.

'Adherence to an outworn hierarchy of values in which economic gain derived from producing goods is supreme, although most of these goods are produced by machines and routine activities while the fundamental problems of peaceful social life are still unsolved.

'All these constitute a disharmony between habitual human attitudes and existing conditions. Their elimination calls for an educational development of psychological attitudes which are not yet universal:

'International co-operation based on conscience that does not know national boundaries.

'Social activities based on a mature creative power instead of adolescent competitiveness arising from insecurity.

'The development of new standards in which the creative use of the mind, contributing to knowledge, art or the amenities of everyday life, stands high.

'The recognition of the fact that the development of the social sciences is at present more urgent than further technical advance.'

E. J.

The Psychology of Fascism. By Peter Nathan. (Faber & Faber Ltd., London, 1943. Pp. 158. Price, 8*s.* 6*d.*)

Like many books this one begins rather promisingly and then peters out badly. It represents both the good and bad features of what medical psychology can contribute to political science. The author, who has read his Freud, is armed with a considerable psychological knowledge that enables him to offer brilliant interpretations which must appear novel and penetrating to the laity. He begins with a plausibly written account of the Œdipus complex, particularly of the ambivalent attitude towards the father, and of the profound bearing this has on adult attitudes towards various forms of government. This is followed by a convincing chapter on projection, although he omits here any account of the introjection that mostly precedes it. Then comes a lurid chapter entitled 'The Frightened Male',

essentially dealing with the compulsive compensations for the feelings of inferiority induced by the greater activity on the part of women.

Most of the psychological mechanisms and reactions the author describes are true enough, but where he fails badly is in the sweeping and quite undisciplined use he makes of this knowledge. It is arbitrarily applied to whole movements, nations and religions according to the author's personal preferences, with little regard for what medical psychology has learned about the infinite variety and complexity of human nature. By now one would have thought that the traps and fallacies that stand in the way of generalizing about large groups like nations were familiar enough, but the author brushes aside all thought of them and is equally reckless about any regard for consistency. Thus, for example, basing himself on the easily observed evidences of homosexual tendencies in idealistic mass movements, he puts this forward as one of the essential causes of the Nazi revolution. Not very logically he also asserts that homosexual proclivities were very characteristic of pre-Nazi Germany, or at least, which is not quite the same thing, of the night clubs in Berlin: if true, this should argue a special tolerance on the part of Germans. Now this homosexual development, and the consequent totalitarianism, is said to be a reaction to the alarming emancipation of women. How comes it then that we have seen no such results in England where the emancipation of women began much earlier and has proceeded much further than in Germany?

Again the emergence of aggressivity in Germany is ascribed in considerable part to two features of modern civilization, the rising in age of the general population, and the emigration from country to town. These features also, however, are far more characteristic of England than of Germany, and are also of longer standing here.

The author is contemptuously anti-religious, but he is somewhat vague about the relation of what he calls unsatisfied mystical emotion to mass movements. Communism, it is true, would appear to have assigned to it the rôle of continuing the essence of Christianity under another name, being infused with the same emotions and ethical beliefs. But Nazism might appear in some passages to be competing for the same honour, although in others the aim of destroying Christian ideals is pronounced.

It is when we come to the final chapter entitled 'Germany and the Future', that the author really lets himself go: 'It is the land that produced Grimm's fairy-tales, nudism, psycho-analysis, and above all, Wagner. . . . Wagner is one of the biggest factors in the causation of the war.' '[Germany] fears and hates the individuality of the West, its legacy from Roman civilization'; to associate the love of individuality with the orderliness of Roman civilization would seem to be a new idea. '[Germany] has always been anti-intellectual'; this in the face of German philosophy and science. Hitlerism is in one place the culmination of the German passion for absolutism in government, in another the expression of the socialism which will inevitably spread to all countries. Nietzsche, who must surely be turning in his grave at the caricature of his teachings, is termed the Father of Fascism.

The book is written with heat and in a vociferous style unrestrained by much consideration of grammar or even punctuation. It is replete with slang; Christians are 'lovey-doveys' who talk 'bunk about brotherly love', but presumably they 'get a kick out of it', as sadists do from their cruelty.

It is not correct to state that Abraham was 'Director of the Institute for Sexual Sciences' in Berlin, this having been Magnus Hirschfeld's position; and it was the latter, not the former, who made the estimate concerning practising homosexuals in Berlin. E. J.

The Fear of Freedom. By Erich Fromm. (Kegan Paul, Trench, Trubner and Co. Ltd., London, 1942. Pp. 305. Price, 15*s*.)

The thesis of this book is best summarized in the author's own words. Modern man 'has been freed from traditional authorities and has become an "individual" but at the same time he has become isolated, powerless, and an instrument of purpose outside himself, alienated from himself and others; furthermore, this state undermines himself, weakens and frightens him, and makes him ready for submission to new kinds of bondage. Positive freedom on the other hand is identical with the full realization of the individual's potentialities, together with his ability to live actively and spontaneously. Freedom has reached a critical point where, driven by the logic of its own dynamism, it threatens to change into its opposite. The future of democracy depends on the realization of the individualism that has been the ideological aim of modern thought since the Renaissance. The cultural and political crisis of our day is not due to the fact that there is too much individualism but that what we believe to be individualism has become an empty shell. The victory of freedom is possible only if democracy develops into a society in which the individual, his growth and happiness, is the aim and purpose of culture, in which life does not need any justification in success or anything else, and in which the individual is not subordinated to or manipulated by any power outside himself, be it the State or the economic machine; finally, a society in which his conscience and ideals are not the internalization of external demands, but are really his and express the aims that result from the peculiarity of his self. . . .'

While the author tries to keep the balance between a 'psychologistic', 'economistic' and

' idealistic ' approach, he is most interested in the psychological approach. He discusses freedom from the standpoint of ' a dynamic psychology the foundations of which have been laid by Freud ', but he remains critical of certain psycho-analytical concepts and in particular of their application to sociology. He replaces the biological approach to psychological problems which has been characteristic of psycho-analysis by the sociological one, and one receives the impression that the author is overwhelmed by his subject in so far as it has influenced his psychological outlook. The discussion of the anal and oral character on p. 248 is an example of this. The book contains several very interesting chapters, among which ' Freedom during the Reformation ' and ' Psychology of Nazism ' may be specially mentioned.

H. A. Thorner.

Writers in Crisis. By Maxwell Geisman. (Houghton, Mifflin Company, New York; Secker and Warburg, London, 1942. Pp. ix + 299. Price, $3.00; 16s.)

For a long time it has been said that writers are influenced by their environment and in turn influence it. In *Writers in Crisis* Mr. Geisman shows this to be so. Taking the writings of six outstanding American authors of the past two decades, Lardner, Hemingway, Dos Passos, Faulkner, Wolff and Steinback, he uses the clinical evidence of their books as source material for reaching conclusions as to how these men as creative individuals reacted to the pressure of their lives. Guided by a point of view that has both a psycho-analytical and a socio-historical orientation, he picks his data with rare skill and then conveys in vivid yet convincing fashion his own interpretation of how each of these six have gone through successive emotional stages in the evolution of their reactions to the world about them. For the busy practising psychiatrist the book affords a quick and pleasant entry into the world of American letters of to-day. As a study of the problem of the flowering of genius, it is provocative and thought-inspiring to the student of the mind.

Harry M. Tiebout.

LIST OF PERIODICALS RECEIVED

Archives ofNeurology and Psychiatry (Chicago).
British Medical Journal (London).
Bulletin of the Menninger Clinic (Topeka).
Indian Journal of Psychology (Calcutta).
Journal of Criminal Psychopathology (New York).
Man (London).
Medical Press and Circular (London).
Medical Record (New York).
Mental Hygiene (New York).
Neurobiologia (Pernambuco).
Psychological Abstracts (Lancaster, Pa.).
Revista de Neuro-Psiquiatria (Lima).
The Australasian Journal of Psychology and Philosophy (*Sydney*).
The British Journal of Medical Psychology (London).
The Journal of the American Medical Association (Chicago).
The Psychoanalytic Quarterly (New York).
The Psychoanalytic Review (New York).

OBITUARY

ISADOR HENRY CORIAT

Dr. Isador Henry Coriat died on May 26, 1943, and with him passed a personality closely identified with psycho-analysis from its earliest days in New England and America. Although he was born in Philadelphia on December 10th, 1875, he resided from boyhood in Boston and graduated from the Tufts Medical School of Boston in 1900. Thus Dr. Coriat was one of the few surviving American psycho-analysts who entered the field of medicine and psychopathology before any knowledge of psycho-analysis had reached America.

Immediately after his graduation from medical school Dr. Coriat became associated as an Assistant Physician with the Worcester State Hospital for Mental Disorders, where he remained until 1905. There as a young man he came under the influence of Dr. Adolph Meyer, who up to 1902 was Director of Clinical Psychiatry. After a thorough indoctrination with psychiatric knowledge through his long service at Worcester, Dr. Coriat began private practice in Boston, which he continued up to the time of his death.

When he entered practice, the leader of psychiatric thought in Boston was the brilliant Morton Prince, who followed the French school of psychopathology, then dominated by Pierre Janet and Déjerine. The *Journal of Abnormal Psychology* had recently been founded by Prince, and Dr. Coriat soon became an active worker with Prince's group and a frequent contributor to the *Journal.*

About this time, also, Mary Baker Eddy's Christian Science Church had grown to a powerful force in the treatment of mental and physical disorders. In an attempt to meet this influence, two Boston ministers, Drs. Worcester and McComb, established a church clinic for the treatment of nervous illnesses. Dr. Coriat joined this endeavour, called the Emmanuel Movement, and with the two ministers wrote a book entitled *Religion and Medicine* (1908). He also published a book on *Abnormal Psychology* (1910), which was one of the first systematic treatments of this subject in English.

The New England social structure at the beginning of the twentieth century still laboured heavily under the frustrations and repressions of Puritanic theology. Thus New England would be expected to be a particularly favourable place for the introduction of a philosophy in which psychic determinism replaced pre-ordination and predestination. And so it happened that the first formal presentation of psycho-analysis in America was made by Freud himself in 1909 at Worcester, Mass., under the much-needed protectorate of two typical and representative New Englanders, Dr. G. Stanley Hall, of Clark University, and Professor J. J. Putnam, of Harvard University. Although Dr. Coriat was not present at this notable event, he soon thereafter began to correspond with Dr. A. A. Brill, who had introduced psycho-analysis into New York some three years previously.

As the years progressed Dr. Coriat's interest in psycho-analysis superseded his earlier ones in neurology and psychiatry. To omit mention of his contributions to these fields would not do justice to his life's work. He wrote articles on biochemistry, on amaurotic family idiocy, nerve regeneration, memory and many excellent critical reviews of psychological work. He also served as Visiting Physician in Nervous Diseases at the Boston City Hospital from 1905 to 1919, Neurologist to the Mount Sinai Hospital of Boston from 1905 to 1914, and as Consulting Neurologist to Beth Israel Hospital of Boston from 1916 to 1930.

Dr. Coriat's psycho-analytic work is well known to the present generation of psycho-analysts. Among his more important contributions are his books on *The Meaning of Dreams* (1915), *What is Psychoanalysis?* (1917), *Repressed Emotions* (1920), *Stammering* (1928). He also wrote many valuable essays on historical medicine such as 'The Psychology of Medical Satire' and 'The Symbolism of the Gold-Headed Cane'. Of his recent more important articles one may mention 'The Structure of the Ego' and 'Unconscious Motives of Interest in Chess'.

Dr. Coriat was a member of the important psycho-analytic and psychiatric societies of New England and America and twice served as President of the American Psychoanalytic Association. He founded the Boston Psychoanalytic Society, of which he was President from 1930 to 1932. Up to the time of his death he was actively interested in the Society and the Clinic which the Boston Institute for Psychoanalysis was establishing for the treatment of emotional disturbances incident to the current war.

In 1904, Dr. Coriat married Etta Dann and those who attended psycho-analytical congresses and meetings will recall their warm and happy companionship. Mrs. Coriat died a few years before him.

This sketch of Dr. Coriat's life reflects incompletely the fullness of his professional activity and the wide range of his interests. The distinguishing feature of Dr. Coriat which lingers with me is that of his peering eyes behind thick lenses which tended to increase the impression of one insistently searching for greater light and more truth. His passing takes from the field of psycho-analysis a conscientious investigator, a staunch and unswerving adherent to the movement in its uncertain days as well as in the later years of its strength.

C. P. Oberndorf.

THE
INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

is issued half-yearly. Besides Original Papers, Abstracts and Reviews, it contains the Bulletin of the International Psycho-Analytical Association, of which it is the Official Organ.

NOTICES

EDITORIAL

1. Manuscripts and editorial communications should be sent to Mr. James Strachey, Lord's Wood, Marlow, Bucks.

2. Editorial communications from America should be sent to Dr. C. P. Oberndorf, 112 West 59th Street, New York.

3. Correspondence relating to translations should be addressed to the Translation Editor, Mrs. James Strachey, Lord's Wood, Marlow, Bucks.

4. Manuscripts should be typewritten, with *wide* spacing throughout (*including especially the footnotes*); a copy should always be retained by the author.

5. Authors will understand that translations of their papers may be published in the *Internationale Zeitschrift für Psychoanalyse und Imago* or the *Revue Française de Psychanalyse* if thought suitable.

6. Authors of original papers will be sent free of charge three copies of the Journal by the Publishers *on application.* If they require reprints at their own cost, application should be made to the Publishers (not to the Editor) stating how many are required.

7. All matter appearing in this Journal is copyright.

ADMINISTRATIVE

1. The Annual Subscription is 30s. per Volume of Two Double-Parts.

2. The Journal is obtainable *by subscription only*, the parts not being sold separately.

3. Subscriptions and Correspondence relative to advertising and administrative matters in general should be addressed to the Publishers, Baillière, Tindall & Cox, 7 & 8 Henrietta Street, Covent Garden, London, W.C.2.

4. Bound and unbound copies of most of the back volumes are available. Prices on application to the Publishers.

BACK NUMBERS REQUIRED

Back numbers of Volumes V—X are required by the publishers. Anyone wishing to dispose of these volumes or of any of their component parts should communicate with Messrs. Baillière, Tindall & Cox, 7 & 8 Henrietta St., London, W.C.2.

THE INTERNATIONAL PSYCHO-ANALYTICAL LIBRARY

This library is published by The Hogarth Press in co-operation with the Institute of Psycho-Analysis. It is edited by Dr. Ernest Jones and forms the most complete and authoritative library on the subject in English, since it contains the important works of nearly all the leading psycho-analysts, both British and foreign. The following is a list of the volumes so far published :

ADDRESSES ON PSYCHO-ANALYSIS. J. J. Putnam.
THE PSYCHO-ANALYTIC STUDY OF THE FAMILY. J. C. Flugel.
BEYOND THE PLEASURE PRINCIPLE. Sigmund Freud.
ESSAYS IN APPLIED PSYCHO-ANALYSIS. Ernest Jones.
GROUP PSYCHOLOGY AND THE ANALYSIS OF THE EGO. Sigmund Freud.
COLLECTED PAPERS OF SIGMUND FREUD. 4 vols.
FURTHER CONTRIBUTIONS TO THE THEORY AND TECHNIQUE OF PSYCHO-ANALYSIS. S. Ferenczi.
THE EGO AND THE ID. Sigmund Freud. 3rd Edition.
SELECTED PAPERS OF KARL ABRAHAM. 2nd Edition.
INDEX PSYCHO-ANALYTICUS, 1893–1926. J. Rickman.
THE FUTURE OF AN ILLUSION. Sigmund Freud.
THE MEANING OF SACRIFICE. R. Money-Kyrle.
CIVILIZATION AND ITS DISCONTENTS. Sigmund Freud.
THE PSYCHOLOGY OF CLOTHES. J. C. Flugel.
RITUAL. T. Reik.
ON THE NIGHTMARE. Ernest Jones.
THE DEFEAT OF BAUDELAIRE. René Laforgue.
THE PSYCHO-ANALYSIS OF CHILDREN. Melanie Klein.
PSYCHO-ANALYSIS OF THE NEUROSES. Helene Deutsch.
NEW INTRODUCTORY LECTURES ON PSYCHO-ANALYSIS. Sigmund Freud.
THE RIDDLE OF THE SPHINX. G. Róheim.
AN AUTOBIOLOGICAL STUDY. Sigmund Freud.
THE UNKNOWN MURDERER. T. Reik.
INHIBITIONS, SYMPTOMS AND ANXIETY. Sigmund Freud.
DREAM ANALYSIS. Ella Sharpe.
THE EGO AND THE MECHANISMS OF DEFENCE. Anna Freud.
CLINICAL ASPECTS OF PSYCHO-ANALYSIS. René Laforgue.
FROM THIRTY YEARS WITH FREUD. T. Reik.
MOSES AND MONOTHEISM. Sigmund Freud.

PSYCHO-ANALYTICAL EPITOMES

Edited by Dr. JOHN RICKMAN

Epitome 1. SIGMUND FREUD : A General Selection, Edited by John Rickman.
Epitome 2. LOVE, HATE AND REPARATION. By Melanie Klein and Joan Rivière.
Epitome 3. SUPERSTITION AND SOCIETY. By R. Money-Kyrle.
Epitome 4. CIVILIZATION, WAR AND DEATH. SELECTIONS FROM THREE WORKS. By Sigmund Freud.

THE HOGARTH PRESS, 37 MECKLENBURGH SQUARE, W.C.1.